

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2: 39**

DOCUMENT # N05838 (0)
1. Corporation Name
DUNBAR WOODS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
7100 FAIRWAY DRIVE, #29 PALM BEACH GARDENS FL 33418 **7100 FAIRWAY DRIVE, #29 PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/24/1984 **05/01/1994**
4. FEI Number Applied For
59-2491953 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**QUEEN, SUSAN M.
7100 FAIRWAY DRIVE, #29
PALM BEACH GARDENS 33418**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACK, ANTHONY
STREET ADDRESS	7100 FAIRWAY DR #29
CITY - ST - ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	GOTTLIEB, RICHARD D
STREET ADDRESS	7100 FAIRWAY DR #29
CITY - ST - ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	CESTONE, JOSEPH
STREET ADDRESS	7100 FAIRWAY DR #29
CITY - ST - ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	ROSENBERG, LILLIAN MRS
STREET ADDRESS	7100 FAIRWAY DRIVE #29
CITY - ST - ZIP	PALM BEACH GARDENS FL
TITLE	S
NAME	SIRECI, ANTHONY
STREET ADDRESS	7100 FAIRWAY DR, #29
CITY - ST - ZIP	PALM BCH GARDENS FL
TITLE	P
NAME	DEFARBER, BESS
STREET ADDRESS	7100 FAIRWAY DR, #29
CITY - ST - ZIP	PALM BCH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stahura, Stanley	
1.3 STREET ADDRESS	7100 Fairway Drive #29	
1.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sala, Tom	
6.3 STREET ADDRESS	7100 Fairway Dr #29	
6.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tom Sala Tom Sala 3/29/95 40625-8588
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)