

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **10/24/1984** 3a. Date of Last Report **04/05/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number **59-2491953** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUEEN, SUSAN M.
7100 FAIRWAY DRIVE, #29
PALM BEACH GARDENS 33418

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STAHURA, STANLEY	
STREET ADDRESS	7100 FAIRWAY DR #29	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOTTLIEB, RICHARD D	
STREET ADDRESS	7100 FAIRWAY DR #29	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CESTONE, JOSEPH	
STREET ADDRESS	7100 FAIRWAY DR #29	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, LILLIAN MRS	
STREET ADDRESS	7100 FAIRWAY DRIVE #29	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIRECI, ANTHONY	
STREET ADDRESS	7100 FAIRWAY DR., #29	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SALA, TOM	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jim Hart
2.3 STREET ADDRESS	7100 Fairway Dr.
2.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33418
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jorge Rosenberg
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VT
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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:

Richard Gottlieb Pres **4/17/96** 407-625-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)