


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05838 (0)**

1. Corporation Name  
**DUNBAR WOODS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>7100 FAIRWAY DRIVE, #29 PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>7100 FAIRWAY DRIVE, #29 PALM BEACH GARDENS FL 33418-3782</b>
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3. Date Incorporated or Qualified <b>10/24/1984</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>59-2491953</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STAHURA, STANLEY</b>
STREET ADDRESS	<b>7100 FAIRWAY DR #29</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>JIM HART</b>
STREET ADDRESS	<b>7100 FAIRWAY DR</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CESTONE, JOSEPH</b>
STREET ADDRESS	<b>7100 FAIRWAY DR #29</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JORGE ROSENBERG</b>
STREET ADDRESS	<b>7100 FAIRWAY DRIVE #29</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SIRECI, ANTHONY</b>
STREET ADDRESS	<b>7100 FAIRWAY DR., #29</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>SALA, TOM</b>
STREET ADDRESS	<b>7100 FAIRWAY DR., #29</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>

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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ *James Hart 4/10/97* \_\_\_\_\_ *561-675-585*

CR2E037 (9/96)