

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05838

1. Entity Name

DUNBAR WOODS PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90055 041 ****70.00

Principal Place of Business 300 AVE OF CHAMPIONS PALM BEACH GARDENS FL 33418 US	Mailing Address 300 AVE OF CHAMPIONS PALM BEACH GARDENS FL 33418-3664 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2491953		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
QUEEN, SUSAN M. 300 AVE OF CHAMPIONS PALM BEACH GARDENS 33418				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: STAHURA, STANLEY STREET ADDRESS: 300 AVE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Delete	TITLE: VP PRESIDENT NAME: ELLEN CONNELLY STREET ADDRESS: 300 AVE OF CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: JIM HART STREET ADDRESS: 300 AVE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS FL	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MILLER, RON STREET ADDRESS: 300 AVE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: BRUCE GOLISH STREET ADDRESS: 300 AVE OF CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: JORGE ROSENBERG STREET ADDRESS: 300 AVE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: ROLAND JOLICOEUR STREET ADDRESS: 300 AVE OF CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SIRECI, ANTHONY STREET ADDRESS: 300 AVE OF THE CHAMPIONS CITY-ST-ZIP: PALM BCH GARDENS FL	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: MARY ELLEN JACOBSON STREET ADDRESS: 300 AVE OF THE CHAMPIONS CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: DOMINICK, ALBIS STREET ADDRESS: 300 AVE OF THE CHAMPIONS CITY-ST-ZIP: PALM BCH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIG ELLEN CONNELLY Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)