


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90192 032 ****70.00

DOCUMENT # N05838			
1. Entity Name DUNBAR WOODS PROPERTY OWNERS ASSOCIATION, INC.			
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 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2491953		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete CONNELLY, ELLEN 300 AVE OF THE CHAMPIONS PALM BEACH GARDENS FL	TITLE S/T Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Miller, Ronald
TITLE S	<input checked="" type="checkbox"/> Delete HWANS, MARY 300 AVE OF THE CHAMPIONS PALM BEACH GRDNS FL 33418	TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Giordano, Sim
TITLE D	<input checked="" type="checkbox"/> Delete WILLIAMS, DEBBIE 300 AVENUE OF CHAMPIONS PALM BEACH GARDENS FL 33418	TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Stanura, Stanley
TITLE TD	<input checked="" type="checkbox"/> Delete MILLER, CATHERINE 300 AVE OF THE CHAMPIONS PALM BEACH GRDNS FL 33418	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> Delete BONSUK, JIM 300 AVE OF THE CHAMPIONS PALM BCH GARDENS FL 33418	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 