


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90226 049 \*\*\*\*70.00

<b>DOCUMENT # N05838</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2491953	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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, FL 33418			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	(President) Ronald Miller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, RONALD	NAME	1143 DUNCAN CIRCLE #104		
STREET ADDRESS	300 AVE OF THE CHAMPIONS	STREET ADDRESS	PALM BEACH GARDENS FL 33418		
CITY-ST-ZIP	PALM BEACH GARDENS, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIORDANO, JIM	NAME	Jorge Rosenberg		
STREET ADDRESS	300 AVE OF THE CHAMPIONS	STREET ADDRESS	1801 Rosewood Way		
CITY-ST-ZIP	PALM BEACH GRDNS, FL 33418	CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		
TITLE	D <input type="checkbox"/> Delete	TITLE	Ellen Connelly (Secretary) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STAHURA, STANLEY	NAME	303 Sabal Palm Lane		
STREET ADDRESS	300 AVE OF THE CHAMPIONS	STREET ADDRESS	PALM BEACH GARDENS FL 33418		
CITY-ST-ZIP	PALM BEACH GRDNS, FL 33418	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	(Director) Jim Bonsuk <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONSUK, JIM	NAME	1804 Rosewood Way		
STREET ADDRESS	300 AVE OF THE CHAMPIONS	STREET ADDRESS	PALM BEACH GARDENS		
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	(Director) Chris Bucko <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	1141 DUNCAN CIRCLE #104		
STREET ADDRESS		STREET ADDRESS	PALM BEACH GARDENS FL 33418		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	(Dominick) Dominick Albis <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	101 Sabal Palm Lane		
STREET ADDRESS		STREET ADDRESS	PALM BEACH GARDENS FL 33418		
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Ronald M. Miller</i>		Date: 4/23/07		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	