FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11743 (4)

1. Corporation Name
DUNLAWTON HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
829 STANYBROOK CIR.
PORT ORANGE FL 32127

Mailing Address
% SUSAN GLASS C.P.A.
1615 RIDGEWOOD AVE.
HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2594089 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 829 STONYBROOK CIR.
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GLASS, SUSAN B CPA
1615 RIDGEWOOD AVE.
HOLLY HILL FL 32117

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	COFFEL, HAROLD	1.2 NAME	BURTON, WILLIAM
STREET ADDRESS	862 BRIMFIELD COURT	1.3 STREET ADDRESS	976 STONYBROOK CIR.
CITY ST ZIP	PORT ORANGE FL	1.4 CITY ST ZIP	PORT ORANGE, FL 32127
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	BURTON, WILLIAM	2.2 NAME	WELCH, TOM
STREET ADDRESS	976 STANYBROOK CIR.	2.3 STREET ADDRESS	935 STONYBROOK CIR.
CITY ST ZIP	PORT ORANGE FL 32127	2.4 CITY ST ZIP	PORT ORANGE, FL 32127
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LUBIN, SUSAN	3.2 NAME	
STREET ADDRESS	4518 ALDER DR.	3.3 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL 32127	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BELL, ELLEN	4.2 NAME	
STREET ADDRESS	4530 ALDER DR.	4.3 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL 32127	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MOULTON, ROY	5.2 NAME	BRAY, JEWELL
STREET ADDRESS	845 BRINFIELD CT.	5.3 STREET ADDRESS	991 STONYBROOK CIR.
CITY ST ZIP	PORT ORANGE FL 32127	5.4 CITY ST ZIP	PORT ORANGE, FL 32127
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, ARMOUR	6.2 NAME	
STREET ADDRESS	835 STONYBROOK CIR.	6.3 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL 32127	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: William T. Burton Jr. — President — 4/24/95 — [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023403