SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N11743** **(4)**

1. Corporation Name
DUNLAWTON HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
829 STONYBROOK CIR PORT ORANGE FL 32127 US	% 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: 04/12/1996
4. FEI Number: 59-2594089	☐ Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 346 S. PALMETTO AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 DAYTONA BEACH, FL
Zip 24 / Country 25	Zip 29 32114 / Country 30

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): 346 S. PALMETTO AVE.

83

84 City: DAYTONA BEACH **FL** 85 Zip Code: 32114

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURTON, WILLIMA 976 STONYBROOK CIR PORT ORANGE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P KATHRYN CIAVARELLI 819 Long Meadow Crt. Port Orange FL 32127	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANE LUCAS 4505 NETTLE CREEK COURT PORT ORANGE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Joseph Messina 820 Brimfield Crt. Port Orange FL 32127	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUBIN, SUSAN 4518 ALDER DR. PORT ORANGE FL 32127	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Mabel E. Morris 814 Stonybrook Cr. Port Orange	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BELL, ELLEN 4530 ALDER DR. PORT ORANGE FL 32127	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D. Marge Gibson 4217 NEW HAVEN CRT. Port Orange FL 32127	☐ Change ☒ Addition AS OF 8/21/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAY, JEWELL 991 STONYBROOK CIR PORT ORANGE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Rob Roy 822 Stonybrook Cr. Port Orange FL 32127	☐ Change ☒ Addition AS OF 8/21/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARGARET MOXLEY 902 STONYBROOK CIRCLE PORT ORANGE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/97)

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 REQUIRED _____ 7/29/97