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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11743

1. Corporation Name
DUNLAWTON HILLS HOMEOWNERS ASSOCIATION, INC.

563798 - 90003 - 25

Principal Place of Business	Mailing Address
1166 PELICAN BAY DRIVE DAYTONA BEACH FL 32119 US	1166 PELICAN BAY DRIVE DAYTONA BEACH FL 32119 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified	10/25/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number	59-2594089 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. *Name and Address of Current Registered Agent*

NELSON BARKIN, MICHELE
1166 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

10. *Name and Address of New Registered Agent*

81 Name: Judith M. Buckley
82 Street Address (P.O. Box Number is Not Acceptable): ~~Page One Property Management~~
83: 50 S. Yonge St.
84 City: Ormond Beach FL 85 Zip Code: 32174

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: JoAnn Matthews — DATE: Apr. 26, 1999
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 CIAVARELLI, KATHRYN 819 LONG MEADOW CRT PORT ORANGE FL 32127	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Matthews, JoAnn 4530 Nettle Creek ~~Port Orange, FL 32127~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MESSINA, JOE 820 BRIMFIELD CRT PORT ORANGE FL 32127	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Bernard Hennessey 827 Brimfield Court Port Orange, FL 32127 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ORYSDALE, SONJA 842 STONYBROOK CR PORT ORANGE FL 32127	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Sec/Treas same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, ELIZA 814 STORNYBROOK CR. PORT ORANGE FL 32127	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Lori Olsen 972 Stonybrook Circle Port Orange, FL 32127 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHROEDER, LYNN 1026 STONYBROOK CR. PORT ORANGE FL 32127	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROY, ROBERT 822 STONYBROOK CR. PORT ORANGE FL 32127	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JoAnn Matthews 5/18/99 (904)672-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #