2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUN 23 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11743

1. Entity Name

Dunlawton Hills Homeowner Association, Inc.

Principal Place of Business	Mailing Address
829 Stonybrook Circle Port Orange, FL 32127	829 Stonybrook Circle Port Orange, FL 32127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	829 Stonybrook CIR. Suite, Apt. #, etc.
City & State	City & State: Port Orange FL
Zip / Country	Zip: 32127 / Country: USA

4. FEI Number: 59-2594089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Clifton Financial Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2335-A S. Ridgewood Ave

City: South Daytona FL Zip Code: 32119

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.

SIGNATURE: Ronald D. Clifton Jr. DATE: 4/24/00

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D JoAnn Mathews 4530 Nettle Creek Port Orange, FL 32127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Heide Barcalow 4539 Nettle Creek Port Orange, FL 32127 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Vincent Zarbo #546 Rockledge Port Orange, FL 32127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Ronald D. Clifton, Jr. 2335-A S. Ridgewood Ave South Daytona, FL 32119 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Amy Evans 4531 Nettle Creek Port Orange, FL 32127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900033515 99---1 -08/09/00--01110--009 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Melodie Patch 931 stonybrook Cir Port Orange, FL 32127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Annette Ware 907 Stonybrook Cir Port Orange, FL 32127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gerri Moulton 845 Brimfield Ct Port Orange, FL 32127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 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: JoAnn Mathews Secr. 4/24/00 904 767 5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #