2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90373 042 ****61.25

DOCUMENT # N11743

1. Entity Name

DUNLAWTON HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
829 STONYBROOK CIRCLE PORT ORANGE FL 32127 US	829 STONYBROOK CIRCLE PORT ORANGE FL 32127 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
CLIFTON FINANCIAL SERVICES, INC. 2335-A S. RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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 MATTEWWS, JOANN 4530 NETTLE CREEK PORT ORANGE FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Roy Moulton 645 Brimfield Port Orange, FL 32129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZARBO, VINCENT 4546 ROCKLEDGE PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lester Wenger 819 Long-Meadow Port Orange, FL 32129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, AMY 4531 NETTLE CREEK PORT ORANGE FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lynn Schroeder 1026 Stonybrook Port Orange FL 32129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATCH, MELODIE 931 STONYBROOK CIR. PORT ORANGE FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Roger Gee 4536 Nettle Creek Port orange, FL 32129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WARE, ANNETTE 907 STONYBROOK CIRCLE PORT ORANGE FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manger Ronald D. Clifton 2006 Oak Meadow Circle S. Daytona, FL, 32119	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOULTON, GERRI 845 STONYBROOK COURT PORT ORANGE FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOANN MATTHEWS 4530 Nettle creek Port Orange, FL 32127	☑ Change ☐ Addition

CR2E037 (10/00)

12. 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: Ronald D. Clifton 4/24/01 386 255 4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #