2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91207 014 ****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	D MOULTON, ROY 845 BRIMFIELD PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trego, Brent 824 Stonybrook Cir. Pt. Orange, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENGER, LESTER 819 LONG-MEADOW PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Ronald D. Clifton Jr. 2335-A S. Ridgewood Ave S. Daytona, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZABRO, VINCENT 4548 ROCKLEDGE PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Zarbo, Vincent 4571 Woodcove Dr. Pt. Orange, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTHEWS, JOANN 4530 NETTLE CREEK PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Schroeder, Lynn 1026 Stonybrook Ave. Pt. Orange, FL 32127	☐ 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	Ware, Annette 2280 Granada Dr. So. Daytona, FL 32119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEE, ROGER 4536 NETTLE CREEK PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 4/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #