# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 06, 2005**
**Secretary of State**

DOCUMENT# N11743

**Entity Name:** DUNLAWTON HILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

829 STONYBROOK CIRCLE
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

829 STONYBROOK CIRCLE
PORT ORANGE, FL 32127 US

**New Mailing Address:**

**FEI Number: 59-2594089** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

CLIFTON FINANCIAL SERVICES, INC.
2335-A S. RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119 US

**Name and Address of New Registered Agent:**

RONALD D CLIFTON JR
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH, FL 32114 US

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 07/06/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: STAPLETEN, JAMES GIL
Address: 844 STONYBROOK CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: WENGER, LESTER
Address: 819 LONG-MEADOW
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: SCHROEDER, LYNN
Address: 1026 STONYBROOK CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: ST ( ) Delete
Name: BEX, BELLY
Address: 838 STONYBROOK CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: SD ( ) Delete
Name: WARE, ANNETTE
Address: 907 STONYBROOK CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: QUAP, MARGARET
Address: 841 STONYBROOK CIR
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: BELL, CARL GIL
Address: 823 LONG MEADOW CT
City-St-Zip: PORT ORANGE, FL 32127

Title: P (X) Change ( ) Addition
Name: DRYSDALE, SONJA
Address: 842 STONYBROOK CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: ST (X) Change ( ) Addition
Name: SCHROEDER, LYNN
Address: 1026 STONYBROOK CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: VP (X) Change ( ) Addition
Name: MILLER, HARRY
Address: 894 STONYBROOK
City-St-Zip: PORT ORANGE, FL 32127

Title: SD (X) Change ( ) Addition
Name: DAVIS, ANNETTE
Address: 907 STONYBROOK CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change ( ) Addition
Name: RATHKE, JEANNE
Address: 4536 ROCKLEDGE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN SCHROEDER ST 07/06/2005
Electronic Signature of Signing Officer or Director Date