2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90008 020 ****70.00

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

1st MOORE CR2E037 (10/05)

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
RONALD D CLIFTON JR 1326 S RIDGEWOOD AVE #14 DAYTONA BEACH FL 32114	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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, CARL GIL 823 LONG MEADOW CT PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DRYSDALE, SONJA 842 STONYBROOK CIRCLE PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT SONJA DRYSDALE 842 STONYBROOK CIR PORT ORANGE, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCHROEDER, LYNN 1026 STONYBROOK CIR PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, HARRY 894 STONYBROOK PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HARRY MILLER 894 STONYBROOK CIR PORT ORANGE, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIS, ANNETTE 907 STONYBROOK CIR PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DELISSA(TAYLOR) SHAVATT 1006 STONYBROOK CIR PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RATHKE, JEANNE 4536 ROCKLEDGE PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DARLENE McCORMICK 924 STONYBROOK CIR PORT ORANGE, FL 32127	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Sharon K Clifton, CAM 3/9/06 (386) 767-[illegible]