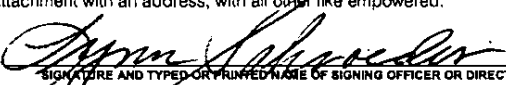


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90012 025 ****70.00

DOCUMENT # N11743 1. Entity Name DUNLAWTON HILLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 829 STONYBROOK CIRCLE PORT ORANGE, FL 32127 US			Mailing Address 829 STONYBROOK CIRCLE PORT ORANGE, FL 32127 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2594089	
Zip		Country		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	Nancy Sopotnick, Director 917 Stonybrook Cir. Pt. Orange, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEDACA, POLLY 1001 FOX TRACE COURT PORT ORANGE, FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	D JETT, RACHEL 1017 FOX TRACE COURT PORT ORANGE, FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENGER, LESTER 819 LONG MEADOW COURT PORT ORANGE, FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCORMICK, DARLENE 921 STONYBROOK CIR PORT ORANGE, FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			Date: 4-1-08 Daytime Phone #		