2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
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 (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BELL, CARL GIL	
Address:	823 LONG MEADOW CT	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	V	( ) Delete
Name:	SEDACA, POLLY	
Address:	1001 FOX TRACE COURT	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	ST	( ) Delete
Name:	SCHROEDER, LYNN	
Address:	1026 STONYBROOK CIR	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	D	( ) Delete
Name:	JETT, RACHEL	
Address:	1017 FOX TRACE COURT	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	D	( ) Delete
Name:	WENGER, LESTER	
Address:	819 LONG MEADOW COURT	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	P	( ) Delete
Name:	MCCORMICK, DARLENE	
Address:	921 STONYBROOK CIR	
City-St-Zip:	PORT ORANGE, FL 32127	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MILLER, HARRY	
Address:	949 STONYBROOK CIRCLE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONALD D. CLIFTON, JR RA 03/04/2009

Electronic Signature of Signing Officer or Director — Date