

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002514 (6)
1. Corporation Name
DUNMORE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 100 CALEDONIA DRIVE MELBOURNE BEACH FL 32951	Mailing Address 100 CALEDONIA DRIVE MELBOURNE BEACH FL 32951-3902
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2. Principal Place of Business 21 219 SALT GRASS PLACE	2a. Mailing Address 26 219 SALT GRASS PLACE	3. Date Incorporated or Qualified 05/26/1995	3a. Date of Last Report 04/17/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 59-3443467	Applied For Not Applicable
22 City & State 23 MELBOURNE BEACH, FL	27 City & State 28 MELBOURNE BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32951	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29 32951	Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCULTHORP, BRIAN M
100 CALEDONIA DRIVE
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent
**81 Name SCULTHORP BRIAN M
82 Street Address (P.O. Box Number is Not Acceptable) 219 SALT GRASS PLACE
83
84 City MELBOURNE BEACH FL 85 Zip Code 32951**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Brian Sculthorp* **BRIAN SCULTHORP** **4/21/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCULTHORP, BRIAN M 100 CALEDONIA DRIVE MELBOURNE BEACH FL 32951	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD SCULTHORP, LEONARD E 100 CALEDONIA DRIVE MELBOURNE BEACH FL 32951	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCULTHORP, GRETCHEN K 100 CALEDONIA DRIVE MELBOURNE BEACH FL 32951	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SCULTHORP, BRIAN M 219 SALT GRASS PLACE MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VTSD SCULTHORP, LEONARD E 219 SALT GRASS PLACE MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D SCULTHORP, GRETCHEN K 219 SALT GRASS PLACE MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian Sculthorp* **BRIAN SCULTHORP** **4/21/97** **407-676-0521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019964

CR2E037 (9/96)