

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90001 046 ****61.25

DOCUMENT # N95000002514

1. Entity Name

DUNMORE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

219 SALT GRASS PLACE
 MELBOURNE BCH FL 32951
 US

219 SALT GRASS PLACE
 MELBOURNE BCH FL 32951-3326
 US

2. Principal Place of Business

2185 DUNMORE LANE

3. Mailing Address

2185 DUNMORE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

4. FEI Number

59-3443467

Applied For

Not Applicable

Zip

32963

Country

INDIAN RIVER

Zip

32963

Country

INDIAN RIVER

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~SCULTHORN, BRIAN M~~
~~210 SALT GRASS PLACE~~
~~MELBOURNE BCH FL 32951~~

7. Name and Address of New Registered Agent

Name **JULIE FISHER**
 Street Address (P.O. Box Number is Not Acceptable)
2185 DUNMORE LANE
 City **VERO BEACH** FL Zip Code **32963**

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.

SIGNATURE

Julie Fisher

1-30-00

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	SCULTHORN, BRIAN M	
STREET ADDRESS	210 SALT GRASS PL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLES, JAMES S	
STREET ADDRESS	2180 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LACROIX, WILLIAM	
STREET ADDRESS	2165 DUNMORE LN	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIE FISHER	
STREET ADDRESS	2185 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, MITCH	
STREET ADDRESS	DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACROIX, WILLIAM	
STREET ADDRESS	2165 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Julie Fisher **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-00
 Date

561-231-9955
 Daytime Phone #

CR2E037 (9/99)