

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002514

1. Entity Name

DUNMORE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2185 DUNMORE LANE
VERO BEACH FL 32963
US

2185 DUNMORE LANE
VERO BEACH FL 32963
US

47829

2. Principal Place of Business

3. Mailing Address

2155 DUNMORE LANE

2155 DUNMORE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

59-3443467

Applied For

Not Applicable

Zip

Country

32963

USA

Zip

Country

32963

USA

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

FISHER, JULIE
2185 DUNMORE LANE
VERO BEACH FL 32963

Name CRAIG L. LOPES

Street Address (P.O. Box Number is Not Acceptable)

2155 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

Craig L. Lopes

4-30-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	FISHER, JULIE	
STREET ADDRESS	2185 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WELLES, JAMES S	
STREET ADDRESS	2180 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACROIX, WILLIAM	
STREET ADDRESS	2165 DUNMORE LN	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, MITCH	
STREET ADDRESS	2185 DUNMORE LANE	
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	TREASURER D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG L. LOPES D	
STREET ADDRESS	2155 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	MITCHELL JOHNSON D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	2145 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN SEROULLH D	
STREET ADDRESS	2175 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SECRETARY D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA J LOPES	
STREET ADDRESS	2155 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		

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:

Craig L. Lopes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

561-231-7000

Date

Daytime Phone #

CR2E037 (10/00)