

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002514

FILED
May 15, 2007
Secretary of State

Entity Name: DUNMORE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2175 DUNMORE LN.
VERO BEACH, FL 32963 US

New Principal Place of Business:

2180 DUNMORE LN.
VERO BEACH, FL 32963 US

Current Mailing Address:

2175 DUNMORE LN.
VERO BEACH, FL 32963 US

New Mailing Address:

2180 DUNMORE LN.
VERO BEACH, FL 32963 US

FEI Number: 59-3443467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHN M. SEROVICH
2175 DUNMORE LN.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

JAMES WELLES
2180 DUNMORE LANE
VERO BEACH, FL 32963 US

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: J WELLES

05/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SEROVICH, AMY L
Address: 2175 DUNMORE LN.
City-St-Zip: VERO BEACH, FL 32963

Title: VPD () Delete
Name: WELLES, JAMES
Address: 2180 DUNMORE LN.
City-St-Zip: VERO BEACH, FL 32963

Title: PD (X) Delete
Name: SEROVICH, JOHN
Address: 2175 DUNMORE LN.
City-St-Zip: VERO BEACH, FL 32963

Title: TDD () Delete
Name: STEIN, JAMES
Address: 2190 DUNMORE LN.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WELLES, JAMES
Address: 2180 DUNMORE LN.
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMY SEROVICH

SD

05/15/2007

Electronic Signature of Signing Officer or Director

Date