
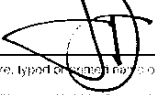


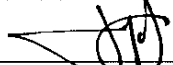
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 033 ****61.25

DOCUMENT # N95000002514					
1. Entity Name DUNMORE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2180 DUNMORE LN. VERO BEACH FL 32963 US			Mailing Address 2180 DUNMORE LN. VERO BEACH FL 32963 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3443467	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES WELLES 2180 DUNMORE LANE VERO BEACH FL 32963			7. Name and Address of New Registered Agent Name: JAMES STEIN Street Address (P.O. Box Number is Not Acceptable): 2190 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  JAMES STEIN		DATE: 4.4.08			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: SD NAME: SEROVICH, AMY L STREET ADDRESS: 2175 DUNMORE LN. CITY-ST-ZIP: VERO BEACH FL 32963	<input checked="" type="checkbox"/> Delete		TITLE: President NAME: Richard LANAM STREET ADDRESS: 2165 DUNMORE LANE CITY-ST-ZIP: Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: PD NAME: WELLES, JAMES STREET ADDRESS: 2180 DUNMORE LN. CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Delete		TITLE: Secretary NAME: James Welles STREET ADDRESS: 2180 DUNMORE LANE CITY-ST-ZIP: Vero Beach, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TDD NAME: STEIN, JAMES STREET ADDRESS: 2190 DUNMORE LN. CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Delete		TITLE: Treasurer NAME: James Stein STREET ADDRESS: 2190 DUNMORE LANE CITY-ST-ZIP: Vero Beach, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE: 4.4.08 COUNTY: 772-23-143