

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005917 (8)
1. Corporation Name
DUNSON HILLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1916 BOOTHE CIRCLE LONGWOOD FL 32750	Mailing Address 1916 BOOTHE CIRCLE LONGWOOD FL 32750
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3. Date Incorporated or Qualified 12/15/1995	
4. FEI Number 59-3403771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	
ZABEL, JON 1916 BOOTHE CIRCLE LONGWOOD FL 32750	
81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME ZABEL, JON	
STREET ADDRESS 1916 BOOTHE CIRCLE	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE VD	<input type="checkbox"/> DELETE
NAME TYE, ARTHUR	
STREET ADDRESS 1916 BOOTHE CIRCLE	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME ABERNATHY, JIM	
STREET ADDRESS 1916 BOOTHE CIRCLE	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE D	<input type="checkbox"/> DELETE
NAME SEYBOLD, LOUIS	
STREET ADDRESS 545 DELANEY AVE., #BLDG 6	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STD WILSON, ROBIN C.
1.3 STREET ADDRESS	1916 BOOTHE CIRCLE
1.4 CITY-ST-ZIP	LONGWOOD, FL 32750
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002523881
6.3 STREET ADDRESS	-05/14/98--01098--007
6.4 CITY-ST-ZIP	***70.00

14. 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 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: *[Signature]* 4-30-98 407-831-334

CR2E037 (10/97)