

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90039 030 ****61.25

DOCUMENT # N95000005917
1. Entity Name
DUNSON HILLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**498 PALM SPRINGS DR # 270
ALTAMONTE SPRINGS FL 32701** **498 PALM SPRINGS DR # 270
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-3403771 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BOYLE, JAMES W
498 PALM SPRINGS DR
270
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

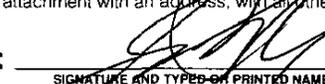
10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUEEN, CAROL	
STREET ADDRESS	352 PICCOLO WAT	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAROLUS, ALEX	
STREET ADDRESS	234 CELLO ST	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MA, CHE	
STREET ADDRESS	116 PIANO LANE	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FORKUS, PAUL	
STREET ADDRESS	244 CELLO STREET	
CITY-ST-ZIP	DAVENPORT FL 33896	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYANO, LUIS	
STREET ADDRESS	111 BRIGHTON WY	
CITY-ST-ZIP	AUBURNDALE FL 33896	
TITLE	VDIGREZ, JUA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, JUAN	
STREET ADDRESS	342 PICCOLO WAY	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, LOUISE	
STREET ADDRESS	105 CLARINET WAY	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAKIM, GINA	
STREET ADDRESS	104 CLARINET WAY	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANLEY, MIKE	
STREET ADDRESS	376 CELLO ST	
CITY-ST-ZIP	DAVENPORT FL 33896	
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 another like empowered.

SIGNATURE:  **James Boyle, RA** **407-260-1119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #