

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2005
Secretary of State**

DOCUMENT# N95000005917

Entity Name: DUNSON HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

498 PALM SPRINGS DR
270
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

498 PALM SPRINGS DR
270
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3403771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JAMES W
498 PALM SPRINGS DR
270
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOYANO, LUIS
Address: 111 BRIGHTON WAY
City-St-Zip: DAVENPORT, FL 33896

Title: VD () Delete
Name: SANCHEZ, JUAN
Address: 342 PICCOLO WAY
City-St-Zip: DAVENPORT, FL 33896

Title: SD () Delete
Name: JOHNSON, LOUISE
Address: 105 CLARINET WAY
City-St-Zip: DAVENPORT, FL 33896

Title: TD () Delete
Name: JAKIM, GINA
Address: 104 CLARINET WAY
City-St-Zip: DAVENPORT, FL 33896

Title: D () Delete
Name: HANLEY, MIKE
Address: 376 CELLO ST
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ADAMS, SUE
Address: 325 SYMPHONY
City-St-Zip: DAVENPORT, FL 33896

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

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

Title: D (X) Change () Addition
Name: HUGHES, JACK
Address: 640 SYMPHONY
City-St-Zip: DAVENPORT, FL 33896

Title: DP (X) Change () Addition
Name: HANLEY, MIKE
Address: 376 CELLO ST
City-St-Zip: DAVENPORT, FL 33896

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE HANLEY

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date