


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90021 016 ****61.25

DOCUMENT # N95000005917			
1. Entity Name DUNSON HILLS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 498 PALM SPRINGS DR # 270 ALTAMONTE SPRINGS, FL 32701		Mailing Address 498 PALM SPRINGS DR # 270 ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 4250 Alafaya Tr. Suite, Apt. #, etc. 212-345 City & State Orlando, FL Zip 32765 Country USA		3. Mailing Address 4250 Alafaya Tr. Suite, Apt. #, etc. 212-345 City & State Orlando, FL Zip 32765 Country	
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 Reliable Property Managers c/o Lilly Burnside Street Address (P.O. Box Number is Not Acceptable) 4250 Alafaya Tr., Suite 212-345 City Orlando State FL Zip Code 32765	
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 <u>Lilly Burnside</u> DATE <u>7/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SUE	NAME	
STREET ADDRESS	325 SYMPHONY	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33896	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JUAN	NAME	
STREET ADDRESS	342 PICCOLO WAY	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33896	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LOUISE	NAME	
STREET ADDRESS	105 CLARINET WAY	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33896	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JACK	NAME	
STREET ADDRESS	640 SYMPHONY	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33896	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, MIKE	NAME	
STREET ADDRESS	376 CELLO ST	STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33896	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sue Adams</u>		Date <u>7/10/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	