

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90010 027 ****61.25

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



Principal Place of Business
 1801 COOK AVENUE
 ORLANDO, FL 32806

Mailing Address
 1801 COOK AVENUE
 ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

40111117



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3403771

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 DON ASHER AND ASSOCIATES
 1801 COOK AVENUE
 ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, BROOK 336 CELLO ST DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGREGOR, DAVIS 233 SYMPHONY PLACE DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, JACK 640 SYMPHONY DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANLEY, MIKE 376 CELLO ST DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, DAVID 818 OBO DRIVE DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/16/08 Daytime Phone #: 863 499999

Barbara Reitz
Program - to be held the 1st