2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005917

FILED Jan 08, 2009 Secretary of State

Entity Name: DUNSON HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
	K AVENUE), FL 32806			
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
	K AVENUE), FL 32806			
FEI Number:	59-3403771	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
	ER AND ASSO	CIATES		
	K AVENUE), FL 32806	US		
	of Florida.	ubiliis tiis statement loi tile þ	urpose of changing its registe	ered office or registered agent, or both,
SIGNATUI		ic Signature of Registered Age	nt	 Date
SIGNATUF		0 0		Date NGES TO OFFICERS AND DIRECTORS
	Electron	FORS: Delete OOK		
OFFICERS Fitle: Name: Address:	Electron S AND DIREC SD () EDWARDS, BR 336 CELLO ST DAVENPORT, F	Delete OOK L 33896 Delete AVIS Y PLACE	ADDITIONS/CHAN Title: Name: Address:	IGES TO OFFICERS AND DIRECTORS
OFFICER: Title: Name: Nddress: City-St-Zip: Title: Name: Nddress:	Electron S AND DIREC SD () EDWARDS, BR 336 CELLO ST DAVENPORT, F TD () MCGREGOR, D 233 SYMPHON DAVENPORT, F	Delete OOK L 33896 Delete AVIS Y PLACE L 33896 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS () Change () Addition
DFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electron S AND DIREC SD () EDWARDS, BR 336 CELLO ST DAVENPORT, F TD () MCGREGOR, D 233 SYMPHON DAVENPORT, F D () HUGHES, JACK 640 SYMPHON DAVENPORT, F	Delete OOK L 33896 Delete AVIS Y PLACE L 33896 Delete L 33896 Delete Y L 33896 Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address: Address:	IGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 PD 01/08/2009