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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001756					
1. Corporation Name DUNBRIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business MID-FLORIDA PROPERTY MANAGEMENT CO. 5250 S. U.S. HIGHWAY 17-92 CASSELBERRY FL 32718 US			Mailing Address P.O. BOX 182150 CASSELBERRY FL 32718 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/19/1993	
4. FEI Number 59-3179961		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
9. Name and Address of Current Registered Agent SPARE, WILLIAM C 5250 SOUTH U.S. HIGHWAY 17-92 CASSELBERRY FL 32707			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME CHRISTAKOS, DANA STREET ADDRESS 1241 DUNBRIDGE ST CITY-ST-ZIP APOPKA FL			1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Carey, Sharron K. 1.3 STREET ADDRESS 1211 Maybrook St. 1.4 CITY-ST-ZIP Apopka, FL 32703		
TITLE SD <input type="checkbox"/> DELETE NAME TILLMAN, RENEY O STREET ADDRESS 1258 DUNBRIDGE ST CITY-ST-ZIP APOPKA FL			2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Oliver, Renay 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE DT <input type="checkbox"/> DELETE NAME WATERMAN, MICHAEL STREET ADDRESS 1945 BURBERRY STREET CITY-ST-ZIP APOPKA FL 32703			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Archer, Nichole 4.3 STREET ADDRESS 1219 Maybrook St. 4.4 CITY-ST-ZIP Apopka, FL 32703		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE Michael W. Waterman (407) 880-9498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)