NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05838

Corporation Name

DUNBAR WOODS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 300 AVE OF CHAMPIONS PALM BEACH GARDENS FL 33418

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

300 AVE OF CHAMPIONS PALM BEACH GARDENS FL 33418 FILED
May 17, 1999 8:00 am §
Secretary of State

05-17-1999 90001 005 ****70.00

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3. Date Incorporated or Qualifed

10/24/1984

4. FEI Number

22		27					38-249 1933	_	INO	t Applicable		
City & State	9	L	State -			5.	Certifcate of Status Desired	X	- \$8.75 /	Additional -		
23		28						<i>7</i> \				
Zip	Country	Zip	_	Country		6.	Election Campaign Financing		\$5.00	•		
24	25	29	30	<u> </u>	-		Trust Fund Contribution		Added 1	o Fees		
	Name and Address of Current I	Registered A	\gent			10.	Name and Address of New F	legistered A	gent	——		
				81	Name							
QUEEN, SUSAN M. 300 AVE OF CHAMPIONS PALM BEACH GARDENS 33418			82	82 Street Address (P.O. Box Number is Not Acceptable)								
			83									
				84	City				85 Zip (Code		
					•			FL				
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												
	Signature, typed or printed name of registered agent a			gistered Agen	t signature r	required when	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12		
12.	OFFICERS AND	DIRECTOR	DELETE	1.1 TITLE			ADDITIONO OF ANTOCO TO OF		Change	Addition		
TITLE	D OTHER OTHER		□ occerc							_		
NAME	STAHURA, STANLEY			1.2 NAME		Ì						
STREET ADDRESS	300 AVE OF THE CHAMPIONS			1.3 STREET								
CITY-ST-ZIP	PALM BEACH GARDENS FL		O SCIETE	1.4 CITY-ST	r- ZIP	 			Change	[] Addition		
TITLE	P		☐ DELETE	2.1 TITLE					Crissing C			
NAME	JIM HART			2.2 NAME								
STREET ADDRESS	300 AVE OF THE CHAMPIONS			2.3 STREET								
CITY-ST-ZIP	PALM BEACH GARDENS FL	****		2. 4 CITY-S	T-ZIP	VP			Change	Addition		
TITLE	D	-	DELETE	3.1 <u>TITLE</u> _			MILLER			A		
NAME	CESTONE, JOSEPH			3.2 NAME		000	VE OF THE CHAMPIC	พร				
STREET ADDRESS	300 AVE OF THE CHANPIONS			3.3 STREET	ADDRESS				.0	1		
CITY-ST-ZIP	PALM BEACH GARDENS FL			3.4 CITY-S	T-ZIP	PHLIT	BEACH GARDENS, FL	<u>334,</u>	<u>X</u>			
TITLE	D		☐ DELETE	4.1 TITLE					Change	Addition .		
NAME	JORGE ROSENBERG			4. 2 NAME								
STREET ADDRESS	300 AVE OF THE CHAMPIONS			4.3 STREÉT	ADDRESS							
CITY-ST-ZIP	PALM BEACH GARDENS FL			4.4 CITY-S1	r-zip				<u> </u>			
TITLE	S		□ DELETE	5.1 TITLE		\mathcal{D}			Change	☐ Addition		
NAME	SIRECI, ANTHONY			5.2 NAME		SIRE	ci, anthony					
STREET ADDRESS	300 AVE OF THE CHAMPIONS			5.3 STREET			1					
CITY-ST-ZIP	PALM BCH GARDENS FL			5.4 CITY-S	r-ZIP		···	***				
TITLE	VT		DELETE	6.1 TITLE		5T	LOW ALRIC		Change	Addition		
NAME	SALA, TOM		•	6.2 NAME		DOWLY	lick albis	Vall5		ļ		
STREET ADDRESS	300 AVE OF THE CHAMPIONS			6.3 STREET	ADDRESS		AVE OF THE CHAMF		. 1	ļ		
CITY-ST-ZIP	PALM BCH GARDENS FL			6.4 CITY-S	T-ZIP	PALM	BEACH GARDENS,	<u>FL 934</u>	18			

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 suppliemental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAS // 4 / /

Daytime Phone #

;R2E037 (11/98)

Applied For