

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90008 039 \*\*\*\*61.25

**DOCUMENT # 703854**

Corporation Name

**DOMMERICH HILLS ASSOCIATION INC**

Principal Place of Business

**03 CHIC KAPEE TRAIL  
MAITLAND FL 32751  
IS**

Mailing Address

**608 CHICKAPEE TR  
MAITLAND, FL 32751  
US**



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/06/1962	
City & State		City & State		4. FEI Number	
Zip		Zip		59-2337697	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired <input type="checkbox"/>	
28		30		\$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing <input type="checkbox"/>	
30		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**BROWDER, WILLIAM C ESQ  
608 CHICKAPEE TRAIL  
MAITLAND FL 32751**

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

I. 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BROWDER, WILLIAM C	1.2 NAME	
REET ADDRESS	608 CHICKAPEE TR	1.3 STREET ADDRESS	
Y-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	
LE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BONUS, PHILLIP	2.2 NAME	
REET ADDRESS	2033 MOHAWK TRAIL	2.3 STREET ADDRESS	
Y-ST-ZIP	MAITLAND, FL 00000 32751	2.4 CITY-ST-ZIP	
LE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HARVEY, MAUREEN M	3.2 NAME	
REET ADDRESS	2222 CHIPPEWA TRL	3.3 STREET ADDRESS	
Y-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	
LE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SALTSGAVER, LINDA M	4.2 NAME	
REET ADDRESS	2021 MOHAWK TRL	4.3 STREET ADDRESS	
Y-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I. 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 REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/99

(407)647-0716

Daytime Phone #

CR2E037 (5/99)

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