## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 703854** 1. Entity Name DOMMERICH HILLS ASSOCIATION INC Mailing Address Principal Place of Business 603 CHIC KAPEE TRAIL 606 CHICKAPEE TR MAITLAND FL 32751-3921 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc.

## **FILED** Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90028 033 \*\*\*\*61.25

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| City & State   |  | City & State   |   | 4. FEI Number  | 4. FEI Number 59-2337697   |  | ot Applicable   |  |
| Country  |  | /ip Country  |   | 5. Certificate of  | 5 Cortificate of Status Desired S8.  |  | 75 Additional   |  |
| 6 Name and Address o   | f Current Bealets  | red Agent  |   | 7 Name and A   | ddress of New Registers  |  |   |  |
| o. Name and Address o  | Current negist   | sed Agent  | Name  | Ti Tallio dila A   |  |  |   |  |
| BROWDER, WILLIAM C ESQ<br>608 CHICKAPEE TRAIL<br>MAITLAND FL 32751 |  | Street Address (P.O. Box Number is Not Acceptable)   |   |  |  |  |   |  |
|  |  |  | City  | City FL Zip C  |  | Zip Cod  | de  |  |
| named entity submits this sta                                      | atement for the pu   | rpose of changing its  | registered office o   | r registered agent, or both,   | in the state of Florida.   |  |   |  |
| •  | , i  |  | -   |  |  |  |   |  |
|  |  |  |   |  |  |  |   |  |
| Signature, typed or printed name of reg                            | istered agent and title if   | applicable (NO1  | E. Registered Agent signa   | ture required when reinstating)  | DAT  | E  |   |  |
|  |  |  |   |  |  |  |   |  |
| FILE NOW:  | [  | 9. Election Campaig  | n Financing   | \$5.00 May Be  | Make Chec  | k Payable to   | 5   |  |
| FEE IS \$61.25   |  | · · · · · · · · · · · · · · · · · · ·  |   | Added to Fees  |  |  |   |  |
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|  | S AND DIRECTOR   |  | 11.   |  | NGES TO OFFICERS AND   |  |   |  |
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| -  |  | ·  | NAME  | William DAN  | e tal  |  |   |  |
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| MAITLAND, FL 00000 32  | 751  |  | CIFY-ST-ZIP   | mailland   | FL SL/S  |  |   |  |
| \T   |  | ☐ Delete   | TITLE   |  |  | Change   | Addition  |  |
| HARVEY, MAUREEN M  |  |  | NAME  |  |  |  |   |  |
| 2222 CHIPPEWA TRL  |  |  | STREET ADDRESS  |  |  |  |   |  |
| MAITLAND FL 32751  |  |  | CITY-ST-ZIP   |  |  |  |   |  |
| S  |  | Delete   | TITLE   | 15   |  | D⇔Change   | Addition Addition   |  |
| SALTSGAVER, LINDA M  |  | / `  | NAME  | Roth Hall  | ۸ ۱  |  |   |  |
| 2021 MOHAWK TRL  |  |  | STREET ADDRESS  | 2021 Mon   | auk Tirl   |  |   |  |
| MATTLAND FL 32751  |  |  | CITY-ST-ZIP   | MAITLAND   | FL 32  | 751_   |   |  |
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|  |  |  | STREET ADDRESS  |  |  |  |   |  |
|  | Country  6. Name and Address of R. WILLIAM C ESQ (APEE TRAIL of L 32751  File NOW: FEE IS \$61.25  OFFICER  VPD BROWDER, WILLIAM C 608 CHICKAPEE TR MAITLAND FL 32751  PD BONUS, PHILLIP 2033 MOHAWK TRAIL MAITLAND, FL 00000 32 T HARVEY, MAUREEN M 2222 CHIPPEWA TRL MAITLAND FL 32751 S SALTSGAVER, LINDA M 2021 MOHAWK TRL | Country Z  6. Name and Address of Current Register  R, WILLIAM C ESQ  (APEE TRAIL  FL 32751  Finamed entity submits this statement for the pushing s | Country  6. Name and Address of Current Registered Agent  R, WILLIAM C ESO (APEE TRAIL) FL 32751  In named entity submits this statement for the purpose of changing its statement for the purpose of | Country  Cou | Country  Zip  Country  5. Certificate of  8. WillLIAM C ESO CAPEE TRAIL  PL 32751  City  Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, or printed name of registered agent and late if epolicable  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECTORS  VPD  BROWDER, WILLIAM C GOS CHICKAPEE TR MAITLAND FL 32751  Delete  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND, FL 00000 32751  THARVEY, MAUREEN M 2222 CHIPPEWA TRL  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  MAITLAND FL 32751  Delete | Segulture, typeed or printed name of registered agent and life of pepticable  Signature, typeed or printed name of registered agent and life of pepticable  OFFICERS AND DIRECTORS  VPD  BROWDER, WILLIAM C 638 CHICKAPEE TR MAITLAND FL 32751  PD BONUS, PHILLIP BON | Country Zip Country 5. Certificate of Status Desired S8.75 A Fee Require  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  CAPEE TRAIL  1FL 32751  City FL Zip Coc  CAPEE TRAIL  1FL 32751  City FL Zip Coc  City FL Zip Coc  Capee Trail  Suprature. Speed or presed name of registered agent and life if Replication (NC/TE Registered Agent agreet when remotioning)  FILE NOW:  FEE IS \$61.25  9. Election Campaign Financing Address of New Registered agent, or both, in the state of Fiorida.  FILE NOW:  FEE IS \$61.25  9. Election Campaign Financing Address of New Registered agent, or both, in the state of Fiorida.  FILE NOW:  FEE IS \$61.25  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III  MAIL AND FL 32751  PD  BONUS PHILLIP  BONUS PHI |  |

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: