

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-15-2001 90208 004 ****61.25

DOCUMENT # N93000001756

1. Entity Name

DUNBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 182150~~
~~CASSELBERRY FL 32707~~
~~US~~

~~P.O. BOX 182150~~
~~CASSELBERRY FL 32707~~
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

~~32714~~ 32714

8

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACAW PROPERTIES, INC.
498 ESTHER LANE
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME CAREY, SHARRON K.
 STREET ADDRESS 1211 MAYBROOK ST
 CITY-ST-ZIP APOPKA FL 32703

TITLE President - D ☐ Change ☒ Addition
 NAME Mark Davidson
 STREET ADDRESS 1120 Maybrook St.
 CITY-ST-ZIP Apopka, FL 32703

TITLE DS ☒ Delete
 NAME OLIVER, RENEE
 STREET ADDRESS 1258 DUNBRIDGE ST
 CITY-ST-ZIP APOPKA FL

TITLE Vice President - D ☐ Change ☒ Addition
 NAME Kyle Hibbard
 STREET ADDRESS 1936 Burberry St.
 CITY-ST-ZIP Apopka, FL 32703

TITLE DT ☐ Delete
 NAME WATERMAN, MICHAEL
 STREET ADDRESS 1945 BURBERRY STREET
 CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Secretary - D ☐ Change ☒ Addition
 NAME Suzanne Lozito
 STREET ADDRESS 1120 Maybrook St.
 CITY-ST-ZIP Apopka, FL 32703

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/14

407-774-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)