



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90066 026 ****61.25

DOCUMENT # N93000001756					
1. Entity Name DUNBRIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O HARA MGMT 118 N. WYMORE RD WINTER PARK, FL 32789 US			Mailing Address C/O HARA MGMT 118 N. WYMORE RD WINTER PARK, FL 32789 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3179961	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA MGMT, INC. 118 N. WYMORE RD WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name: <u>Robert Hara, Hara Management Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>118 N. Wymore Road</u> City: <u>Winter Park</u> FL Zip Code: <u>32789</u>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>4-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, MARK 1120 MEYBROOK ST APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nathan Wilkerson 1168 Dunbridge Street Apopka, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD - J. CAREY, SHARON 1211 MAYBROOK ST APOPKA, FL 32703	<input checked="" type="checkbox"/> Change		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tina Wilkerson 1168 Dunbridge Street Apopka, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERMAN, MICHAEL 1945 BURBERRY STREET APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sharon Carey 1211 Maybrook Street Apopka FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, SUSANNE 1120 MAYBROOK ST APOPKA, FL 32703	<input checked="" type="checkbox"/> Change		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susanne Davidson 1120 Maybrook Street Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENIHAN, WILLIAM 1129 MAYBROOK ST APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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: <u>Mark Davidson</u> MARK DAVIDSON <u>4-4-05</u> <u>407 996 3327</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					