


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90037 009 ****61.25

DOCUMENT # N95000004999
 1. Entity Name
DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % 9924 ~~BURGUNDY~~ BAY ST. % LIGHTHOUSE ~~MANG~~ MANAGEMENT
 ORLANDO FL 32817 P.O. BOX 0774
 WINDERMERE FL 34786-0774



2. Principal Place of Business - No P.O. Box # **BURGUNDY**
 Suite, Apt. #, etc.
 3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3363478** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~WEAN, PAUL L.
 % WEAN & MALCHOW, P.A.
 646 E. COLONIAL DR.
 ORLANDO FL 32803~~

7. Name and Address of New Registered Agent
 Name **Becker & Poliakoff, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
C/O C. John Christensen, Esq.
2500 maitland Center Pkwy, Ste. 209
 City **maitland** FL Zip Code **32751**

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 *C. John Christensen* DATE **3/17/08**
(Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BISHOP, WILLIAM D III	
STREET ADDRESS	9924 BURGUNDY BAY ST BURGUNDY	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BISHOP, YVETTE	
STREET ADDRESS	9924 BURGUNDY BAY BURGUNDY	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LESTER, DEAN	
STREET ADDRESS	9927 KONA ISLE CT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELNUTT, STEVE	
STREET ADDRESS	9925 BURGUNDY BAY ST BURGUNDY	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LESTER, AMY	
STREET ADDRESS	9927 KONA ISLE CT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRATT, DAVID	
STREET ADDRESS	9918 BURGUNDY BAY ST.	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Bill Bishop* **Bill Bishop** *Pres.* **2-15-08**