

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90318 011 \*\*\*\*61.25

<b>DOCUMENT # N93000001756</b>			
<b>1. Entity Name</b> DUNBRIDGE HOMEOWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> C/O HARA MGMT 118 N. WYMORE RD WINTER PARK, FL 32789 US		<b>Mailing Address</b> C/O HARA MGMT 118 N. WYMORE RD WINTER PARK, FL 32789 US	
<b>2. Principal Place of Business - No P.O. Box #</b> C/O HARA Management, Inc. Suite, Apt. #, etc. 931 S. SEMORAN Blvd #214		<b>3. Mailing Address</b> C/O HARA Management, Inc. Suite, Apt. #, etc. 931 S. SEMORAN Blvd #214	
City & State Winter Park FL		City & State Winter Park FL	
Zip 32792		Zip 32792	
Country USA		Country USA	
<b>4. FEI Number</b> 59-3179961		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARA MGMT, INC HARA, ROBERT <del>118 N WYMORE ROAD</del> WINTER PARK, FL 32789		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 931 S. SEMORAN Blvd #214 City Winter Park FL Zip Code 32789	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKERSON, NATHAN 1168 DUNBRIDGE ST APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Allen, Matt 1241 Dunbridge St. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, SHARON 1211 MAYBROOK ST APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Osteen, Kelly 1952 BURBERRY ST APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILKERSON, TINA 1168 DUNBRIDGE ST APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Solomon, Joellen 1267 Dunbridge St APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENIHAN, WILLIAM 1129 MAYBROOK ST APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Coggin, Dawn 1960 BURBERRY ST APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVERTS, WENDY 1218 DUNBRIDGE ST APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilkerson, Nathan 1168 Dunbridge St APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lenihan, William 1129 Maybrook St APOPKA, FL 32703
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>			
<b>SIGNATURE:</b> <i>J.M. C. [Signature]</i>		Date: 15 APR 2008 Daytime Phone #: 407-880-090	