

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004999

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9924 BURGUNDY BAY ST.  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

% LIGHTHOUSE MGMT. & CONSULTING  
P.O. BOX 0774  
WINDERMERE, FL 347860774

**New Mailing Address:**

**FEI Number:** 59-3363478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, PA  
C/O C. JOHN CHRISTENSEN, ESQ  
2500 MAITLAND CTR PKWY STE 209  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BISHOP, WILLIAM D III  
Address: 9924 BURGUNDY BAY ST  
City-St-Zip: ORLANDO, FL 32817

Title: SD  
Name: BISHOP, YVETTE  
Address: 9924 BURGUNDY BAY  
City-St-Zip: ORLANDO, FL 32817

Title: VPD  
Name: LESTER, DEAN  
Address: 9927 KONA ISLE CT  
City-St-Zip: ORLANDO, FL 32817

Title: DT  
Name: SHELNUTT, STEVE  
Address: 9925 BURGUNDY BAY ST  
City-St-Zip: ORLANDO, FL 32817

Title: D  
Name: PRATT, DAVID  
Address: 9918 BURGUNDY BAY ST  
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM BISHOP

DP

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date