2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# 703854

Entity Name: DOMMERICH HILLS ASSOCIATION INC

Current Principal Place of Business:

2290 TUSCARORA TR
MAITLAND, FL 32751 US

New Principal Place of Business:

2222 CHIPPEWA TR
MAITLAND, FL 32751 US

Current Mailing Address:

2290 TUSCARORA TR
MAITLAND, FL 32751 US

New Mailing Address:

2222 CHIPPEWA TR
MAITLAND, FL 32751 US

FEI Number: 59-2337697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DETOMA, ANTONIETTA
2290 TUSCARORA TR
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

HARVEY, MAUREEN E
2222 CHIPPEWA TR
MAITLAND, FL 32751 US

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: MAUREEN E. HARVEY 04/30/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DETOMA, ANTONIETTA
Address: 2290 TUSCARORA TR
City-St-Zip: MAITLAND, FL 32751 US

Title: D ( ) Delete
Name: HARVEY, MAUREEN
Address: 2222 CHIPPEWA TR
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: WELLS, ROBIN
Address: 2520 BIG BENCH TR
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MADDEN, CHARLES
Address: 821 PONCA TR
City-St-Zip: MAITLAND, FL 32751 US

Title: D (X) Change ( ) Addition
Name: BROWDER, CHRIS
Address: 608 CHICKAPEE TR
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: WELLS, ROBIN
Address: 2520 BIG BENCH TR
City-St-Zip: MAITLAND, FL 32751 US

Title: D ( ) Change (X) Addition
Name: HARVEY, MAUREEN
Address: 2222 CHIPPEWA TR
City-St-Zip: MAITLAND, FL 32751 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MAUREEN HARVEY D 04/30/2003
Electronic Signature of Signing Officer or Director Date