

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11743

Entity Name: DUNLAWTON HILLS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**829 STONYBROOK CIRCLE
PORT ORANGE, FL 32127**Current Mailing Address:**829 STONYBROOK CIRCLE
PORT ORANGE, FL 32127 US**FEI Number:** 59-2594089**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLIFTON, SHERRY K
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH, FL 32114 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	BELL, CARL GIL
Address	823 LONG MEADOW CT
City-State-Zip:	PORT ORANGE FL 32127

Title	P
Name	BRUBAKER, JOHN
Address	873 STONYBROOK CIRCLE
City-State-Zip:	PORT ORANGE FL 32127

Title	S
Name	MCKNIGHT, ROBERT
Address	926 STONYBROOK CIR
City-State-Zip:	PORT ORANGE FL 32127

Title	D
Name	SARDINA, GERRY
Address	917 STONYBROOK CIRCLE
City-State-Zip:	PORT ORANGE FL 32127

Title	T
Name	SEDACCA, POLLY
Address	1001 FOX TRACE COURT
City-State-Zip:	PORT ORANGE FL 32127

Title	VP
Name	BURTON, DARIN
Address	920 STONYBROOK CIR
City-State-Zip:	PORT ORANGE FL 32127

Title	D
Name	HOTALING, JUNE
Address	980 STONYBROOK CIRCLE
City-State-Zip:	PORT ORANGE FL 32127

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: JOHN BRUBAKER**PRESIDENT****03/03/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date