

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J67340

**FILED**  
**Apr 26, 2014**  
**Secretary of State**  
**CC6745416072**

**Entity Name:** DUNEDIN PALMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

130 PATRICIA AVE.  
LOT 19  
DUNEDIN, FL 34698

**Current Mailing Address:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BROWDER, KAREN  
35111 U.S. HIGHWAY 19 NORTH  
SUITE 302  
PALM HARBOR, FL 34684 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: KAREN BROWDER**

**04/26/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LESSARD, DONALD  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title VPD  
Name BONGO, ROSALIE  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title TD  
Name BUTTERFIELD, DON  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title TREASURER/DIRECTOR  
Name BUTTERFIELD, DON  
Address 130 PATRICIA AVE., LOT # 19  
City-State-Zip: DUNEDIN FL 34698

Title SD  
Name TAROZZI, TERI  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title DIR  
Name WALLACE, DON  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title DIR  
Name CARIDEO, JOE  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title DIR  
Name HOLTZCLAW, TOLLIE  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DONALD LESSARD**

**PD**

**04/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date