

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703854 (0)

1. Corporation Name

DOMMERICH HILLS ASSOCIATION INC



Principal Place of Business

Mailing Address

**2141 CHINOOK TRAIL
% HARVEY TITEN
MAITLAND FL 32751**

**2141 CHINOOK TRAIL
% HARVEY TITEN
MAITLAND FL 32751**

3. Date Incorporated or Qualified

04/06/1962

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2337697

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PURCELL, WILLIAM
828 TUSCARORA TRAIL
MAITLAND FL 32751**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **TITEN, HARVEY**
STREET ADDRESS **2141 CHINOOK TRAIL**
CITY-ST-ZIP **MAITLAND FL**

11 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **KAHN, WILLIAM**
STREET ADDRESS **603 CHICKAPEE TRAIL**
CITY-ST-ZIP **MAITLAND, FL 00000**

12 NAME ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **CLINE, DOROTHY**
STREET ADDRESS **2106 TUSCARORA TRAIL**
CITY-ST-ZIP **MAITLAND FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **PURCELL, WILLIAM**
STREET ADDRESS **828 TUSCARORA TRAIL**
CITY-ST-ZIP **MAITLAND FL**

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

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12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Purcell Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96 4076474844

Date

Daytime Phone

CR2E037 (12/95)