

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 2141 CHINOOK TRAIL % HARVEY TITEN MAITLAND FL 32751		Mailing Address 2141 CHINOOK TRAIL % HARVEY TITEN MAITLAND FL 32751-3826	
2. Principal Place of Business 21 603 Chickapee Trail Suite, Apt. #, etc. 22 MAITLAND City & State 23 FL Zip 24 32751		2a. Mailing Address 26 Same as Bk 2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 04/06/1962		3a. Date of Last Report 02/19/1996	
4. FEI Number 59-2337697		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent PURCELL, WILLIAM 828 TUSCARORA TRAIL MAITLAND FL 32751		10. Name and Address of New Registered Agent 81 Name Edward D. Tarmey 82 Street Address (P.O. Box Number is Not Acceptable) 2508 TUSCARORA TRAIL 83 MAITLAND, FL 84 City Florida FL 85 Zip Code 32751	
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Edward D. Tarmey 26 Mar 97 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	1.1 TITLE Pres/D ☒ Change ☐ Addition 1.2 NAME William Kahn 1.3 STREET ADDRESS 603 Chickapee Trail 1.4 CITY-ST-ZIP MAITLAND FL 32751	2.1 TITLE VP/D ☒ Change ☐ Addition 2.2 NAME Phillip Bonus 2.3 STREET ADDRESS 2033 Mohawk Trail 2.4 CITY-ST-ZIP MAITLAND, FL 32751	
TITLE VD ☐ DELETE NAME KAHN, WILLIAM STREET ADDRESS 603 CHICKAPEE TRAIL CITY-ST-ZIP MAITLAND, FL 00000 See Bk #3	3.1 TITLE Secy/D ☒ Change ☐ Addition 3.2 NAME John McKechnie 3.3 STREET ADDRESS 2300 Mohawk Trail 3.4 CITY-ST-ZIP MAITLAND FL 32751	4.1 TITLE Treas/D ☒ Change ☐ Addition 4.2 NAME Edward Tarmey 4.3 STREET ADDRESS 2508 TUSCARORA TRAIL 4.4 CITY-ST-ZIP MAITLAND FL 32751	
TITLE SD ☒ DELETE NAME CLINE, DOROTHY STREET ADDRESS 2100 TUSCARORA TRAIL CITY-ST-ZIP MAITLAND FL	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
TITLE TD ☒ DELETE NAME PURCELL, WILLIAM STREET ADDRESS 828 TUSCARORA TRAIL CITY-ST-ZIP MAITLAND FL			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward D. Tarmey 26 Mar 97 (407) 645-3895 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014118			



CR2E037 (9/96)