

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703854** (0)

DOMMERICH HILLS ASSOCIATION INC



Principal Place of Business 803 CHIC KAPEE TRAIL MAITLAND FL 32751 US	Mailing Address 2141 CHINOOK TRAIL % HARVEY TITEN MAITLAND FL 32751 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 04/06/1962	4. FEI Number 59-2337697	Applied For ☐ Yes ☐ No
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent TAERMEY, EDWARD D. 2508 TUSCARORA TR. MAITLAND FL 32751	
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10. Name and Address of New Registered Agent 81 Name William C. Browder, Esquire 82 Street Address (P.O. Box Number is Not Acceptable) 608 Chickapee Trail 83 City Maitland FL 85 Zip Code 32751	
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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]* DATE **5/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	BONUS, PHILLIP	1.2 NAME	William C. Browder
STREET ADDRESS	2033 MOHAWK TRAIL	1.3 STREET ADDRESS	608 Chickapee Tr.
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	PD	2.1 TITLE	PD
NAME	KAHN, WILLIAM	2.2 NAME	Phillip Bonus
STREET ADDRESS	803 CHICKAPEE TRAIL	2.3 STREET ADDRESS	2033 Mohawk Trail
CITY-ST-ZIP	MAITLAND, FL 00000	2.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	SD	3.1 TITLE	Treasurer
NAME	MCKECHIE, JOHN	3.2 NAME	Mrs. Maureen Harvey
STREET ADDRESS	2300 MOHAWK TRAIL	3.3 STREET ADDRESS	2222 Chippewa Tr.
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	TD	4.1 TITLE	Secretary
NAME	TREMEY, EDWARD	4.2 NAME	Mrs. Linda Saltgaver
STREET ADDRESS	2508 TUSCARORA TRAIL	4.3 STREET ADDRESS	2021 Mohawk Tr.
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* William C. Browder V.P. 4/27/98 (407)244-5648

CR2E037 (10/97)