SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State
09-10-1999 90008 039 ****61.25

0001067

DOCUMENT # 703854

Corporation Name

DOMMERICH HILLS ASSOCIATION INC

Principal Place of Business	Mailing Address
03 CHIC KAPEE TRAIL IAITLAND FL 32751 IS	608 CHICKAPEE TR MAITLAND FL 32751 US

1. Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualifed: 04/06/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 59-2337697 ☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 25	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWDER, WILLIAM C ESQ
608 CHICKAPEE TRAIL
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	BROWDER, WILLIAM C		1.2 NAME	
REET ADDRESS	608 CHICKAPEE TR		1.3 STREET ADDRESS	
Y-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	
LE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	BONUS, PHILLIP		2.2 NAME	
REET ADDRESS	2033 MOHAWK TRAIL		2.3 STREET ADDRESS	
Y-ST-ZIP	MAITLAND, FL 00000 32751		2. 4 CITY-ST-ZIP	
LE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	HARVEY, MAUREEN M		3.2 NAME	
REET ADDRESS	2222 CHIPPEWA TRL		3.3 STREET ADDRESS	
Y-ST-ZIP	MAITLAND FL 32751		3.4. CITY-ST-ZIP	
LE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME	SALTSGAVER, LINDA M		4. 2 NAME	
REET ADDRESS	2021 MOHAWK TRL		4.3 STREET ADDRESS	
Y-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP	
LE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
Y-ST-ZIP			5.4 CITY-ST-ZIP	
LE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME			6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
Y-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED W.C. Browder 9/7/99 (407)647-0716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #