

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).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90009 035 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 705444** ✓

1. Corporation Name

**DUNEDIN LODGE NO. 2275, INC. BENEVOLENT AND PROT  
ECTIVE ORDER OF ELKS OF THE UNITED STATES OF AME**

Principal Place of Business

1240 SAN CHRISTOPHER DRIVE  
DUNEDIN FL 34698

Mailing Address

1240 SAN CHRISTOPHER DRIVE  
DUNEDIN FL 34698

594829 - 90009 - 35



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7176698	
22	City & State	27	City & State	Applied For <input checked="" type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**URELLO, CHARLES E  
130 PATRICIA AVE., LOT 5  
DUNEDIN FL 34698**

81	Name	<b>BARNARD, JO ANN</b>	
82	Street Address (P.O. Box Number is Not Acceptable)	<b>936 LYNTHURST STREET</b>	
83			
84	City	<b>DUNEDIN,</b>	<b>FL</b>
85	Zip Code	<b>34698</b>	

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

*Jo Ann Barnard*

**SECRETARY- Jo Ann Barnard** JULY 4, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVAS, ANASTASIOS</b>	1.2 NAME	
STREET ADDRESS	<b>1019 CAROL ANN PL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ER</b>	2.2 NAME	
STREET ADDRESS	<b>1287 DINNERBELL LANE E.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REINHARDT, ROSS</b>	3.2 NAME	<b>TR</b>
STREET ADDRESS	<b>243 COLONIAL BLVD</b>	3.3 STREET ADDRESS	<b>PRICE, GLENN L.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	3.4 CITY-ST-ZIP	<b>1622 SCOTT DRIVE</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>	4.2 NAME	<b>BARNARD, JO ANN</b>
STREET ADDRESS	<b>URELLO, CHARLES</b>	4.3 STREET ADDRESS	<b>936 LYNTHURST STREET</b>
CITY-ST-ZIP	<b>130 PATRICIA AVE., #5</b>	4.4 CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>	5.2 NAME	<b>FRANKLIN, DEANE</b>
STREET ADDRESS	<b>VAN VLACK, DONALD</b>	5.3 STREET ADDRESS	<b>2625 LAKESIDE CIRCLE</b>
CITY-ST-ZIP	<b>958 HOWARD AVE</b>	5.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	6.2 NAME	
STREET ADDRESS	<b>GRIFFIN, JOHN J</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>1415 HEATHER DR</b>	6.4 CITY-ST-ZIP	
	<b>DUNEDIN FL</b>		

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:

*Jo Ann Barnard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 4, 1999 (727)736-5434

Date

Daytime Phone #

CR2E037 (5/99)