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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 714720

1. Corporation Name

May 10, 1999 8:00 am secretary of State

05-10-1999 90287 043 ****61.25

DOMMERICH BEACH AND CIVIC ASSOCIATION, INC. 540175 - 90287 - 43 Principal Place of Business Mailing Address P O BOX 940722 P O BOX 940722 MAITLAND FL. 32794-7722 MAITLAND FL. 32794-7722 3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 06/05/1968 26 21 FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 52-0895956 Not Applicable 22 27 City & State \$8.75 Additional City & State 5. Certificate of Status Desired Г Fee Required 23 28 Country Zip 6. Election Campaign Financing \$5.00 May Be Zip Country Trust Fund Contribution Added to Fees 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BEUMER, STEVEN L 581 ARAPAHO TR. MAITLAND FL 32751 Zip Code 85 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. President, Director Change ☐ DELETE 1.1 TITLE TITLE 12 NAME Lael Dewahl NAME DEWAHL, LAEL 1.3 STREET ADDRESS STREET ADDRESS 541 DOMMERICH DR MAITLAND FL 32751 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE 2.2 NAME ROBBINS, JEFF NAME 1751 CHOCTAW TR 2.3 STREET ADDRESS STREET ADDRESS MAITLAND FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Treasurpt, Director Stoven L. Beumer Change Addition DELETE 3.1 TITLE TITLE BEUMER, STEVEN L 3.2 NAME NAME 581 ARAPAHO TR. 3.3 STREET ADDRESS STREET ADDRESS MAITLAND FL 3.4. CITY- ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 change 6, or an attachment with address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Beuwer

(11/98) CR2E037