

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90029 017 ****61.25

DOCUMENT # 714720

1. Entity Name

DOMMERICH BEACH AND CIVIC ASSOCIATION, INC.



Principal Place of Business

P O BOX 940722
MAITLAND FL 32794-7722

Mailing Address

P O BOX 940722
MAITLAND FL 32794-7722

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-0895956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORSE, MICHELLE K
1655 ALGONQUIN TRL
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Lisa De Roo

Street Address (P.O. Box Number is Not Acceptable)

909 Mojave Tr

City

Maitland

FL

Zip Code

32751

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MORSE, MICHELLE**
STREET ADDRESS **1655 ALGONQUIN TRL**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **SD** ☐ Delete
NAME **TOWNES, BETH**
STREET ADDRESS **860 ARAPAHO TRL**
CITY-ST-ZIP **MAITLAND FL**

TITLE **TD** ☐ Delete
NAME **DE ROO, LISA**
STREET ADDRESS **909 MOJAVE TR**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **VP** ☐ Delete
NAME **DEROO, LISA**
STREET ADDRESS **909 MOJAVE TR**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Lisa De Roo**
STREET ADDRESS **909 Mojave Tr**
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☐ Addition
NAME **B**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Jackie Churchill**
STREET ADDRESS **1630 Cheyenne Tr**
CITY-ST-ZIP **Maitland FL 32751**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Michelle Morse**
STREET ADDRESS **1655 Algonquin**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa De Roo

Lisa De Roo

3-22-04

4077406615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #