## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#714720** 

FILED Apr 28, 2005 Secretary of State

Entity Name: DOMMERICH BEACH AND CIVIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 940722

MAITLAND, FL 327947722

Current Mailing Address: New Mailing Address:

P O BOX 940722

MAITLAND, FL 327947722

FEI Number: 52-0895956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE ROO, LISA

909 MOJAVE TR.

MAITLAND, FL 32751

BOBES, AUGUSTO E JR

621 DOMMERICH DRIVE

MAITLAND, FL 32751

US

MAITLAND, FL 32751

US

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.

SIGNATURE: AUGUSTO E. BOBES, JR 04/28/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 DEROO, LISA
 Name:
 BOBES, AUGUSTO E JR

 Address:
 909 MOJAVE TR.
 Address:
 621 DOMMERICH DRIVE

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 MAITLAND, FL 32751

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TOWNES, BETH
 Name:

 Address:
 860 ARAPAHO TRL
 Address:

 City-St-Zip:
 MAITLAND, FL
 City-St-Zip:

 Name:
 CHURCHILL, JACKIE
 Name:
 CHURCHILL, JACKI

 Address:
 1630 CHEYENNE TR.
 Address:
 1630 CHEYENNE TR.

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 MAITLAND, FL 32751

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MORSE, MICHELLE
 Name:
 DEROO, LISA

 Address:
 1655 ALGONGUIM
 Address:
 909 MOJAVE TR

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKI CHURCHILL T 04/28/2005