

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-16-2001 90008 012 ****61.25

DOCUMENT # 723095

1. Entity Name

DIXIE GROVES COMMUNITY ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 3582
 HOLIDAY FL 34690

P.O. BOX 3582
 HOLIDAY FL 34690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1801966

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERLAIN, MINNA
1909 VICEROY LN
HOLIDAY FL 34690

Name **SANDRA Y. KEEFER**
 Street Address (P.O. Box Number is Not Acceptable)
5137 PANORAMA AVE.
 City **HOLIDAY** - FL Zip Code **34690**

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.

SIGNATURE *Sandra Y. Keefe*

7-10-01

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TRES** Delete
 NAME **TD MARKS, GRACE** **TRES.**
 STREET ADDRESS **1629 DANDER DR**
 CITY-ST-ZIP **HOLIDAY FL**

TITLE Change Addition
 NAME **SANDRA Y. Keefe** Change Addition
 STREET ADDRESS **5137 PANORAMA AVE**
 CITY-ST-ZIP **HOLIDAY, FL. 34690**

TITLE **PD** Delete
 NAME **CHAMBERLAIN, MINNA**
 STREET ADDRESS **1909 VICEROY LN**
 CITY-ST-ZIP **HOLIDAY FL**

TITLE **PD** Change Addition
 NAME **SANDRA Y. Keefe**
 STREET ADDRESS **5137 PANORAMA AVE**
 CITY-ST-ZIP **HOLIDAY, FL. 34690**

TITLE **BM** Delete
 NAME **PETERS, JEANNE** **D**
 STREET ADDRESS **5146 SANDALWOOD DRIVE**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **FEARON, HELEN M.** **D**
 STREET ADDRESS **1925 VICTORY LANE**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BM** Delete
 NAME **MITCHELL, BERTHA** **D**
 STREET ADDRESS **1844 ARCADIA ROAD**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **CASSINI, DONNA**
 STREET ADDRESS **1901 PATRIOT LN**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **VP** Change Addition
 NAME **Tom Leiblein**
 STREET ADDRESS **5140 Panorama Ave**
 CITY-ST-ZIP **Holiday FL 34690**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sandra Y. Keefe

8-9-01

727-942 863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E097 (5/01)