

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90165 040 \*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 723095**

1. Entity Name

**DIXIE GROVES COMMUNITY ASSOCIATION, INC** ✓

Principal Place of Business

P.O. BOX 3582  
HOLIDAY FL 34690

Mailing Address

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

**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEEFER, SANDRA Y**  
**5137 PANORAMA AVE.**  
**HOLIDAY FL 34690**

Name

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

City

**FL**

Zip Code

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

*Grace Marks (Treas)*

*8/15/02*

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

(NOTE: Registered Agent signature required when resigning)

DATE

After September 13, 2002,  
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	TD	<input type="checkbox"/> Delete
NAME	MARKS, GRACE	
STREET ADDRESS	1629 DANDER DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEEFER, SANDRA Y	
STREET ADDRESS	5137 PANORAMA AVE.	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	PETERS, JEANNE	
STREET ADDRESS	5148 SANDALWOOD DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEARON, HELEN M.	
STREET ADDRESS	1925 VICTORY LANE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MITCHELL, BERTHA	
STREET ADDRESS	1844 ARCADIA ROAD	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEILDEIN, TOM	
STREET ADDRESS	5140 PANORAMA AVE.	
CITY-ST-ZIP	HOLIDAY FL 34690	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sect Virginia W Thompson</i>	
STREET ADDRESS	<i>5300 Spanish Trail</i>	
CITY-ST-ZIP	<i>Holiday FL 34690</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Bd. member Robert Pierce, T</i>	
STREET ADDRESS	<i>1935 Patriot Ln.</i>	
CITY-ST-ZIP	<i>Holiday FL 34690</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Bd. member Kenda Murine, T</i>	
STREET ADDRESS	<i>1738 Doublewood Dr.</i>	
CITY-ST-ZIP	<i>Holiday FL 34690</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Shirley Hoopes (Pres)*

*8/17/02*

*942-8623*

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (4/02)