

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90211 040 ****61.25

0094089

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



CHECK HERE IF MAKING CHANGES

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

KEEFER, SANDRA Y
5137 PANORAMA AVE.
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

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 *Sandra Y. Keefe* 1/14/03
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

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	S	<input type="checkbox"/> Delete
NAME	THOMPSON, VIRGINIA W	
STREET ADDRESS	5300 SPANISH TRAIL	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEEFER, SANDRA Y	
STREET ADDRESS	5137 PANORAMA AVE.	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, ROBERT	
STREET ADDRESS	1935 PATRIOT LN	
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	BMT	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, BERTHA	
STREET ADDRESS	1844 ARCADIA ROAD	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEILDEIN, TOM	
STREET ADDRESS	5140 PANORAMA AVE.	
CITY-ST-ZIP	HOLIDAY FL 34690	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN DOBLEIN	
STREET ADDRESS	1815 SPARKLE LANE	
CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY TINKHAM	
STREET ADDRESS	1524 RALLY Lane	
CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE	TOM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBLEIN	
STREET ADDRESS	5140 PANORAMA AVE	
CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERI BLATZ	
STREET ADDRESS	1430 LINSTOCK DRIVE	
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)(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: *Sandra Y. Keefe* 1-14/03 727 9428623

CR2E037 (10/02)