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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745975 (3)

1. Corporation Name

DUNBAR IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

3510 MARTIN LUTHER KING BLVD.
FT. MYERS FL 33916

Mailing Address

3510 MARTIN LUTHER KING BLVD.
FT. MYERS FL 33916



3. Date Incorporated or Qualified
02/16/1979

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 11496

Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE, FLORIDA

Zip

Country

29 32239

30 DUVAL

4. FEI Number

59-1960272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNEE, RONALD
243 ARLINGTON RD., N.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
SHOEMAKER, VERONICA S.
STREET ADDRESS 3054 MANGO ST.
CITY- ST- ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME SD
MORGAN, MELVIN MRS.
STREET ADDRESS 2196 PAULO ST.
CITY- ST- ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME D
MCCUTCHEON, MACK "PAT"
STREET ADDRESS 2633 LAFAYETTE ST
CITY- ST- ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME DT
SIMMS, NANCY
STREET ADDRESS 3130 ST CHARLES ST
CITY- ST- ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME D
YOUNG, MATTIE
STREET ADDRESS 3511-B ANDERSON AVE
CITY- ST- ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME D
ANDERSON, AUDREA
STREET ADDRESS 1766 MARILYN ROAD
CITY- ST- ZIP FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED Veronica S. Shoemaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-2-97

Daytime Phone # 0079426

CP2E037 (9/96)