
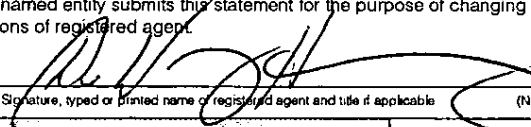
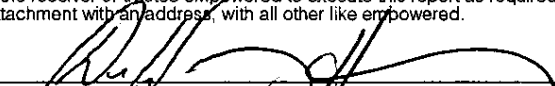


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90001 009 ****61.25

DOCUMENT # 745975 1. Entity Name DUNBAR IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business 3510 MARTIN LUTHER KING BLVD. FT. MYERS FL 33916		Mailing Address P.O. BOX 990 FORT MYERS FL 33902 US	
2. Principal Place of Business 1625 MARSH AVE Suite, Apt. #, etc.		3. Mailing Address 1721 Independence Blvd Suite, Apt. #, etc. A3	
City & State Ft. Myers, FL Zip 33905 Country Lee		City & State Sarasota, FL Zip 34234 Country Sarasota	
4. FEI Number 59-1960272		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCUTCHEON, PAT 3510 MARTIN LUTHER KING BLVD FORT MYERS FL 33916		7. Name and Address of New Registered Agent Name Dwayne K. Harvey Street Address (P.O. Box Number is Not Acceptable) 1721 Independence Blvd. Ste A City Sarasota FL Zip Code 34234	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		Dwayne K. Harvey 6/29/05 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SHOEMAKER, VERONICA S. 3054 MANGO ST. FORT MYERS FL	<input type="checkbox"/> Delete	
TITLE	SD MORGAN, MELVIN MRS. 2196 PAULDO ST. FORT MYERS FL	<input type="checkbox"/> Delete	
TITLE	D MCCUTCHEON, MACK "PAT" 2633 LAFAYETTE ST FORT MYERS FL	<input type="checkbox"/> Delete	
TITLE	DT SIMMS, NANCY 3130 ST CHARLES ST FORT MYERS FL	<input type="checkbox"/> Delete	
TITLE	D YOUNG, MATTIE 3511-B ANDERSON AVE FORT MYERS FL	<input type="checkbox"/> Delete	
TITLE	D ANDERSON, AUDREA 1766 MARILYN ROAD FORT MYERS FL	<input type="checkbox"/> Delete	
TITLE	CEO DEWAYNE HARVEY 1721 Independence Blvd. A3 SARASOTA, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		CEO 6/29/05 941-360-2840 <small>Date Daytime Phone #</small>	