

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 745975

1. Entity Name
DUNBAR IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

**1625 MARSH AVE
FT. MYERS, FL 33905**

Mailing Address

**1721 INDEPENDENCE BLVD
A3
SARASOTA, FL 34234 US**



01202006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1960272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARVEY, DEWAYNE K
1721 INDEPENDENCE BLVD STE A3
SARASOTA, FL 34234**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

U00000467888
03/24/06-80003-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

(941) 360-2842