

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

07 OCT 31 PM 2:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10112007 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number
59-1960272

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name
Harvey, DeWayne K.
Street Address (P.O. Box Number is Not Acceptable)

2333 Hansen Lane Suite 4
City Tallahassee FL Zip Code 32301

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

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 900112080649
STREET ADDRESS 11/07/07--01040--023 **236.25
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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

Date

Daytime Phone #

10/24/07

2/10/31