

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 770672 1. Entity Name DUNBAR HOUSING ASSOCIATION, INC.					
Principal Place of Business 3130 SAINT CHARLES ST. FORT MYERS, FL 33916			Mailing Address 3130 SAINT CHARLES ST. FORT MYERS, FL 33916		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 59-2387299				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 SIMMS, NANCY K 3130 SAINT CHARLES ST. FORT MYERS, FL 33916			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMS, NANCY		NAME	000000576440	
STREET ADDRESS	3130 SAINT CHARLES ST.		STREET ADDRESS	09/07/06-80006-012 61.25	
CITY-ST-ZIP	FORT MYERS, FL 33916		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, MATTIE S		NAME		
STREET ADDRESS	1540 LOCKWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33916		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCUTCHEON, M. PAT		NAME		
STREET ADDRESS	2633 LAFAYETTE STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33916		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, MELVIN		NAME		
STREET ADDRESS	2196 PAULO STREET		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33916		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, AUDREA		NAME		
STREET ADDRESS	2797 FIRST ST #1701		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33916		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOEMAKER, VERONICA		NAME		
STREET ADDRESS	3510 MARTIN LUTHER KING		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33916		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 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: <i>Nancy K. Simms</i>			SIGNATURE: <i>Nancy K. Simms</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		