



**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000000913</b>		
1. Entity Name <b>DUNFORD POND CONCERNED PROPERTY OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>2859 PARADISE LAKES ROAD CHIPLEY, FL 32428</b>		Mailing Address <b>2859 PARADISE LAKES ROAD CHIPLEY, FL 32428</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01102004 No Chg-NP CR2E037 (10/03)
4. FEI Number <b>45-0467369</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>BIGGINS, ERICA T 2859 PARADISE LAKES RD. CHIPLEY, FL 32428</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIGGINS, ERICA T 2859 PARADISE LAKES ROAD CHIPLEY, FL 32428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSH, PHILLIP C 2859 PARADISE LAKES ROAD CHIPLEY, FL 32428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLOUTIER, RONALD P 2834 PARADISE LAKES RD. CHIPLEY, FL 32428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, SALLY G 410 EAST 2ND STREET LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>		<b>1-26-04</b> <b>856-773-9200</b> <small>Date Daytime Phone #</small>