

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N01000000913**

1. Entity Name  
**DUNFORD POND CONCERNED PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**2859 PARADISE LAKES ROAD  
CHIPLEY, FL 32428**

Mailing Address  
**2859 PARADISE LAKES ROAD  
CHIPLEY, FL 32428**

**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**45-0467369**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BIGGINS, ERICA T  
2859 PARADISE LAKES RD.  
CHIPLEY, FL 32428**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BIGGINS, ERICA T
STREET ADDRESS	2859 PARADISE LAKES ROAD
CITY, ST, ZIP	CHIPLEY, FL 32428

TITLE	D
NAME	RUSH, PHILLIP C
STREET ADDRESS	2859 PARADISE LAKES ROAD
CITY, ST, ZIP	CHIPLEY, FL 32428

TITLE	D
NAME	CLOUTIER, RONALD P
STREET ADDRESS	2834 PARADISE LAKES RD.
CITY, ST, ZIP	CHIPLEY, FL 32428

TITLE	D
NAME	JOHNSON, SALLY G
STREET ADDRESS	410 EAST 2ND STREET
CITY, ST, ZIP	LYNN HAVEN, FL 32444

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

000000229158  
02/14/05-80068-009 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 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:** *Ronald P. Cloutier* **RONALD P. CLOUTIER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-11-05*

DATE

*850-773-9200*

DAYTIME PHONE