

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90068 016 ****61.25

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04012005 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000002766 1. Entity Name DAKOTAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 214 HICKMAN DR SANFORD, FL 32771			Mailing Address POST OFFICE BOX 1885 SANFORD, FL 32772-1885		
2. Principal Place of Business 117 Sophia Marie Cove Suite, Apt. #, etc.		3. Mailing Address Post Office Box 471161 Suite, Apt. #, etc.			
City & State Sanford FL.		City & State Lake Monroe, FL.		4. FEI Number 02-0623355	
Zip 32771		Country Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOEMAKER, ALAN DEAN 214 HICKMAN DR SANFORD, FL 32771			7. Name and Address of New Registered Agent Name David Jacobs Street Address (P.O. Box Number is Not Acceptable) 117 Sophia Marie Cove City Sanford FL Zip Code 32771		
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 <u>David H. Jacobs</u> DATE <u>4-10-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 PD NAME SHOEMAKER, ALAN DEAN STREET ADDRESS POST OFFICE BOX 1885 CITY-ST-ZIP SANFORD, FL 327721885	<input checked="" type="checkbox"/> Delete		TITLE PD NAME David Jacobs STREET ADDRESS 117 Sophia Marie Cove CITY-ST-ZIP Sanford FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME HANES, TAMMY S STREET ADDRESS POST OFFICE BOX 1885 CITY-ST-ZIP SANFORD, FL 327721885	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME Donna Poole STREET ADDRESS 116 Sophia Marie Cove CITY-ST-ZIP Sanford FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME MANN, PATRICIA A STREET ADDRESS POST OFFICE BOX 1885 CITY-ST-ZIP SANFORD, FL 327721885	<input checked="" type="checkbox"/> Delete		(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Donna Poole</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-6-05</u>		Daytime Phone # <u>321-377-1043</u>