2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 05, 2008 8:00 am **Secretary of State** DOCUMENT # N02000002766 03-05-2008 90033 016 ****61.25 DAKOTAS HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 116 SOPHIA MARIE COVE SANFORD FL 32771 100 SOPHIA MARIE COVE SANFORD FL 32771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 02-0623355 Not Applicable Ζίο Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Robert H. Frische Street Address (P.O. Box Number is Not Acceptable) POOLE, DONNA J 116 SOPHIA MARIE COVE SANFORD FL 32771 107 Sophia Marie Cove Zip Code *3 2 7 7 1* 8. The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent 02-22-08 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **X** Delete TITLE P Change : WILLIAM R. POOLE FALNAGAN, GLORIA NAME 116 SophiAMARIE TOVE SANFORD FL. 32771 BRANTLEY PIERCE 111 SOPHIA MARIE COVE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP-CITY-ST-ZIP TITLE Delete TITLE V ☐ Addition POOLE, DONNA NAME NAME 108 SophiA MARIE Cove 116 SOPHIA MARIE COVE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 SANFORD, FL. 32771 CITY-ST-7IP CITY-ST-ZIP TITLE Delete mre=**S** Addition HAGLE, JONEIL NAME NAME 1110 PERALTA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY - ST - ZIP Robert H. Frische ☐ Delete Change TITLE 7 ☐ Addition NAME 107 SopKIA MARIECOVE STREET ADDRESS STREET ADDRESS 5ANFORD, FL. 32771 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Robert H. Trusche Robert H. Frische 02-22-08 457/322-4646

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.