

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002766

FILED
Jan 09, 2009
Secretary of State

Entity Name: DAKOTAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

116 SOPHIA MARIE COVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

100 SOPHIA MARIE COVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 02-0623355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRISCHE, ROBERT H
107 SOPHIA MARIE COVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CARLI, MARNITA K
115 SOPHIA MARIE COVE
SANFORD, FL 32771 US

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.

SIGNATURE: MARNITA K. CARLI

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POOLE, WILLIAM R
Address: 116 SOPHIA MARIE COVE
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: BRANTLEY, PIERCE
Address: 108 SOPHIA MARIE COVE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: HAGLE, JONEIL
Address: 1110 PERALTA COURT
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: FRISCHE, ROBERT H
Address: 107 SOPHIA MARIE COVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: POOLE, WILLIAM R
Address: 116 SOPHIA MARIE COVE
City-St-Zip: SANFORD, FL 32771

Title: V-PR (X) Change () Addition
Name: BRANTLEY, PIERCE
Address: 108 SOPHIA MARIE COVE
City-St-Zip: SANFORD, FL 32771

Title: SEC (X) Change () Addition
Name: HAGLE, JONEIL
Address: 103 SOPHIA MARIE COVE
City-St-Zip: SANFORD, FL 32771

Title: TREA (X) Change () Addition
Name: CARLI, MARNITA K
Address: 115 SOPHIA MARIE COVE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARNITA K. CARLI

TREA

01/09/2009

Electronic Signature of Signing Officer or Director

Date