

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009011

FILED
Apr 11, 2007
Secretary of State

Entity Name: DOGWOOD HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6852
BRANDON, FL 33508

New Principal Place of Business:

117 HOLLY TREE LANE
BRANDON, FL 33511

Current Mailing Address:

P.O. BOX 6852
BRANDON, FL 33508

New Mailing Address:

FEI Number: 20-0181148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, JEFFERY M
100 NORTH TAMPA STREET
SUITE 2650
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: OCHENRIDER, DANIEL R T
Address: 103 LOCUST DR
City-St-Zip: BRANDON, FL 33511

Title: P () Delete
Name: MARTIN, STANLEY P
Address: 117 HOLLY TREE LANE
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: FOWLER, ROXANNE S
Address: 105 LOCUST DR.
City-St-Zip: BRANDON, FL 33511

Title: AVP () Delete
Name: BENNETT, WILLIAM AVP
Address: 104 LAUREL TREE WAY
City-St-Zip: BRANDON, FL 33511

Title: AVP () Delete
Name: HARRISON, FRANK AVP
Address: 122 HOLLY TREE LANE
City-St-Zip: BRANDON, FL 33511

Title: AVP () Delete
Name: SEARCY, ALFRED AVP
Address: 133 HOLLY TREE LANE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL R. OCHENRIDER

T

04/11/2007

Electronic Signature of Signing Officer or Director

Date