2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009011

FILED Apr 08, 2009 Secretary of State

Entity Name: DOGWOOD HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 115 HOLLY TREE LANE BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** P.O. BOX 6852 BRANDON, FL 33508 FEI Number: 20-0181148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FULLER, JEFFERY M 100 NORTH TAMPA STREET **SUITE 2650** TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete OCHENRIDER, DANIEL R T BLOUNT, BRENDA K T Name: Name: 103 LOCUST DR Address: 118 HOLLY TREE LANE Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511 Title: Title: () Delete () Change () Addition PETRIZZO, CAROLYN P Name: Name: Address: 115 HOLLY TREE LANE Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: (X) Change () Addition FOWLER, ROXANNE S MICHALAK, MATT S Name: Name: 120 LAUREL TREE Address: 105 LOCUST DR. Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511 Title: AVP () Delete Title: () Change () Addition Name: DUSNIK, JOHN AVP Name: 128 HOLLY TREE LANE Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: AVP AVP () Delete Title: (X) Change () Addition HARRISON, FRANK AVP Name: Name: MITHAUG, CATHY AVP 122 HOLLY TREE LANE 4609 ACKERLY WAY Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511 Title: () Delete Title: () Change () Addition SEARCY, ALFRED AVP

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRENDA KAY BLOUNT Т 04/08/2009

Name:

Address:

City-St-Zip:

133 HOLLY TREE LANE

BRANDON, FL 33511