

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90049 038 ****61.25

DOCUMENT # N03000000539	
1. Entity Name DUNNS PLANTATION HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224	Mailing Address 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224
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2. Principal Place of Business	3. Mailing Address
St 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266	920 THIRD STREET STE B NEPTUNE BEACH, FL 32266
Zip Country	Zip Country



04012004 Chg-NP CR2E037 (10/03)

4. FEI Number 05-0553723	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRAREN, MICHAEL E 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224	7. Name and Address of New Registered Agent Name WALLACE, L. DENISE 920 3 RD ST., STE B City NEPTUNE BCH, FL 32266
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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 Denise Wallace 4-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BRAREN, MICHAEL E STREET ADDRESS 4315 PABLO OAKS COURT #1 CITY-ST-ZIP JACKSONVILLE, FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME HICE, SHERRY E STREET ADDRESS 4315 PABLO OAKS COURT #1 CITY-ST-ZIP JACKSONVILLE, FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VTD NAME FREDENHAGEN, SHARON W STREET ADDRESS 4315 PABLO OAKS COURT #1 CITY-ST-ZIP JACKSONVILLE, FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael E. Braren MICHAEL E. BRAREN 04-06-04 9044821100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #