## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000539

**FILED** Apr 25, 2007 Secretary of State

Entity Name: DUNNS PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
Surrent Finicipal Flace of Business.	New Fillicipal Flace of Dusiliess.

920 THIRD STREET ONE SAN JOSE PLACE SUITE B

SUITE 34 NEPTUNE BEACH, FL 32266 JACKSONVILLE, FL 32257

**Current Mailing Address:** New Mailing Address:

920 THIRD STREET ONE SAN JOSE PLACE

SUITE B SUITE 34 NEPTUNE BEACH, FL 32266 JACKSONVILLE, FL 32257

FEI Number: 05-0553723 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WALLACE, DENISE L CARR, LAUREN E ONE SAN JOSE PLACE 920 3RD ST., SUITE B

NEPTUNE BÉACH, FL 32266 US SUITE 34 JACKSONVILLE, FL 32257 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: LAUREN E CARR 04/25/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

WHITE, DARRELL Name: Name: 1983 WAGES WY S Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete DRAUGHN, JIMMY L Name: Name: CARROLL, JAMES

Address: 1951 WAGES WY S Address: 1972 WAGES WY S City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete Title: (X) Change ( ) Addition

SHARP, CHRISTOPHER TURNER, RICHARD Name: Name: 1964 SWEET OLIVE CT Address: Address: 1935 WAGES WAY S City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218

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: LAUREN CARR MGR 04/25/2007