

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90333 042 ****61.25

DOCUMENT # N03000000539 1. Entity Name DUNNS PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 05-0553723	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES W JR. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ 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, 2008			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITE, DARRELL 1983 WAGES WY S JACKSONVILLE, FL 32218	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD James Carroll 1972 Wages Wy S. Jacksonville, FL 32218	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARROLL, JAMES 1972 WAGES WY S JACKSONVILLE, FL 32218	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Robert Green 12566 Wages Way E Jacksonville, FL 32218	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURNER, RICHARD 1935 WAGES WAY S JACKSONVILLE, FL 32218	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Jamie Brooks 12526 Wages Way E. Jacksonville, FL 32218	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mike Lesnick 1942 Wages Way Jacksonville, FL 32218	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rodney Ivey 12580 Wages Way W. Jacksonville, FL 32218	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Robert Bartlett 1932 Sweet Olive Court Jacksonville, FL 32218	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			4/17/08 591-7013		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		