

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90016 013 ****61.25

DOCUMENT # N03000003239

1. Entity Name
DINNER LAKE HAVEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2900 SR 17 N LOT 8
SEBRING, FL 33870**

Mailing Address
**2900 SR 17 N LOT 8
SEBRING, FL 33870**

54016638



2. Principal Place of Business
2900 SR 17N LOT 12

3. Mailing Address
2900 SR 17N LOT 12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062004 Chg-NP CR2E037 (10/03)

City & State
SEBRING FL

City & State
SEBRING FL

4. FEI Number
86-1057163

Applied For
Not Applicable

Zip
33870

Country
HIGHLAND

Zip
33870

Country
HIGHLAND

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RHINE, DONNA
2900 SR 17N LOT 8
SEBRING, FL 33870**

BOB ZUKAS

7. Name and Address of New Registered Agent

Name
ROBERT J. ZUKAS

Street Address (P.O. Box Number is Not Acceptable)

2900 SR 17N LOT 12

City
SEBRING

FL

Zip Code
33870

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 **Robert J. Zukas**

ROBERT J. ZUKAS

03-06-04

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**

10. OFFICERS AND DIRECTORS

TITLE
PD ☒ Delete
NAME
RHINE, DONNA
STREET ADDRESS
2900 SR 17 N LOT 8
CITY-ST-ZIP
SEBRING, FL 33870

TITLE
VD ☒ Delete
NAME
KACPROWICZ, THOMAS
STREET ADDRESS
2900 SR 17 N LOT 8
CITY-ST-ZIP
SEBRING, FL 33870

TITLE
SD ☒ Delete
NAME
SHOUY, CHARLETTE LOT 18
STREET ADDRESS
402 S DRAKE
CITY-ST-ZIP
TITUSVILLE, PA 16354

TITLE
TD ☒ Delete
NAME
ROBINSON, EVELYN
STREET ADDRESS
2900 SR 17 N LOT 8
CITY-ST-ZIP
SEBRING, FL 33870

TITLE
D ☒ Delete
NAME
RHINE, WALTER
STREET ADDRESS
2900 SR 17 N LOT 8
CITY-ST-ZIP
SEBRING, FL 33870

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
PD ☒ Change ☐ Addition
NAME
ROBERT J. ZUKAS
STREET ADDRESS
2900 SR 17 N LOT 12
CITY-ST-ZIP
SEBRING, FL 33870

TITLE
VP ☒ Change ☐ Addition
NAME
JANE BROWN
STREET ADDRESS
2900 SR 17N LOT 25
CITY-ST-ZIP
SEBRING, FL 33870

TITLE
MC ☒ Change ☐ Addition
NAME
Molly Marly
STREET ADDRESS
2910 SR 17N Lot 49
CITY-ST-ZIP
SEBRING FL 33870

TITLE
TREAS ☒ Change ☐ Addition
NAME
JUNE HENDERSON
STREET ADDRESS
2900 SR 17N LOT 52
CITY-ST-ZIP
SEBRING, FL 33870

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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: **Robert J. Zukas**

ROBERT J. ZUKAS

03-06-04

708-846-1644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #