


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90346 001 ****61.25
04-10-2006 90346 002 ****8.75

DOCUMENT # N03000003239					
1. Entity Name DINNER LAKE HAVEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2900 SR 17 N LOT 49 ATTN: DOLLIE DARBY SEBRING, FL 33870			Mailing Address 2900 SR 17 N LOT 49 ATTN: DOLLIE DARBY SEBRING, FL 33870		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 86-1057163	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZUKAS, ROBERT J 2900 SR 17 N LOT 12 SEBRING, FL 33870			Name <u>Dollie Darby</u> Street Address (P.O. Box Number is Not Acceptable) <u>2900 State Road 17 N Lot 49</u> <u>Sebring</u> City <u>FL</u> Zip Code <u>33870</u>		
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 <u>Dollie Darby</u> (NOTE: Registered Agent signature required when reinstating) <u>Dollie Darby</u> DATE <u>April 6 '06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME ZUKAS, ROBERT J	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Dollie Darby	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2900 SR 17 N LOT 12	CITY-ST-ZIP SEBRING, FL 33870		STREET ADDRESS 2900 State Rd 17 No Lot 49	CITY-ST-ZIP Sebring Fla 33870	
TITLE VD	NAME BROWN, JANE	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2900 SR 17 N LOT 25	CITY-ST-ZIP SEBRING, FL 33870		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME DARBY, DOLLIE	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME BARBARA TAYLOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2900 SR 17 N LOT 49	CITY-ST-ZIP SEBRING, FL 33870		STREET ADDRESS 2900 State Rd 17 N Lot 13	CITY-ST-ZIP Sebring, FL 33870	
TITLE T	NAME HENDERSON, JUNE	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2900 SE 17 N LOT 52	CITY-ST-ZIP SEBRING, FL 33870		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>Dollie Darby</u> <u>April 6 '06</u> <u>863 3828426</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					