

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90013 040 \*\*\*\*61.25

**DOCUMENT # N03000003239**

1. Entity Name

**DINNER LAKE HAVEN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2900 SR 17 N LOT 49  
ATTN: DOLLIE DARBY  
SEBRING FL 33870

2900 SR 17 N LOT 49  
ATTN: DOLLIE DARBY  
SEBRING FL 33870

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-1057163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARBY, DOLLIE**  
**2900 STATE ROAD 17 N. LOT 49**  
**SEBRING FL 33870**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DARBY, DOLLIE  
STREET ADDRESS 2900 STATE RD 17 NO LOT 49  
CITY- ST- ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VD ☒ Delete  
NAME BROWN, JANE  
STREET ADDRESS 2900 SR 17 N LOT 25  
CITY- ST- ZIP SEBRING FL 33870

TITLE ☒ Change ☐ Addition  
NAME *Jackie Wigans*  
STREET ADDRESS *314 Church St*  
CITY- ST- ZIP *West Chester, PA 19382*

TITLE SD ☐ Delete  
NAME TAYLOR, BARBARA  
STREET ADDRESS 2900 SR 17 N LOT 49  
CITY- ST- ZIP SEBRING FL 33870

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE T ☒ Delete  
NAME HENDERSON, JUNE  
STREET ADDRESS 2900 SE 17 N LOT 52  
CITY- ST- ZIP SEBRING FL 33870

TITLE ☒ Change ☐ Addition  
NAME *Jane M Brown*  
STREET ADDRESS *2900 SR 17N Lot 25*  
CITY- ST- ZIP *Sebring, FL 33870*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

*1/25/07* *863 382 84*