

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90033 021 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

Dollie Darby, Pres.

Dollie Darby, Pres.

1/29/08

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

TITLE VD
NAME WINANS, JACKIE
STREET ADDRESS 814 CHURCH STREET
CITY- ST- ZIP WEST CHESTER PA 19382 ☐ Delete

TITLE SD
NAME TAYLOR, BARBARA
STREET ADDRESS 2900 SR 17 N LOT 13
CITY- ST- ZIP SEBRING FL 33870 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Dollie Darby Pres.

Dollie Darby Pres.

1/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature