


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005676</b> 1. Entity Name DUNLAWTON CENTRE, CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 675 NORTH BEACH STREET ORMOND BEACH, FL 32174	Mailing Address 675 NORTH BEACH STREET ORMOND BEACH, FL 32174
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<b>DO NOT WRITE IN THIS SPACE</b>
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01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1717965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HOLUB, PAUL F JR 675 NORTH BEACH STREET ORMOND BEACH, FL 32174
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000919071 05/13/08-80068-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLUB, PAUL F JR 675 NORTH BEACH STREET ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EVERY, PENNY K 595 W GRANDA BLVD STE A ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, JEFFREY C 595 W GRANDA BLVD STE A ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/14/08</b> <small>Date</small>	<b>386-677-7617</b> <small>Daytime Phone #</small>
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