

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90009 003 ****61.25

DOCUMENT # N03000007845					
1. Entity Name DUNWOODY COMMONS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O L.A. REAL ESTATE INC. 7523 ALOMA AVE., SUITE 101 WINTER PARK, FL 32792			Mailing Address C/O L.A. REAL ESTATE INC. 7523 ALOMA AVE., SUITE 101 WINTER PARK, FL 32792		
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 73-1679845	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
L.A. REAL ESTATE INC. LERECE A. MISLEY 7523 ALOMA AVE, STE 101 WINTER PARK, FL 32792			Name L.A. Real Estate Inc., Lorece A. Misley Street Address (P.O. Box Number is Not Acceptable) 7523 Aloma Ave Ste 101 City Winter Park, FL Zip Code 32792		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2-12-08</u> <small>(NOT: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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 MOON, KATHY		TITLE TD	NAME Kasei Russell	
STREET ADDRESS 716 SHROPSHIRE LOOP	CITY-ST-ZIP SANFORD, FL 32771		STREET ADDRESS 685 Shropshire Loop	CITY-ST-ZIP Sanford, FL 32771	
TITLE D	NAME MAFFEI, HELEN		TITLE VPD	NAME David D. Lowe	
STREET ADDRESS 5092 HAWKSTONE DRIVE	CITY-ST-ZIP SANFORD, FL 32771		STREET ADDRESS 5176 Hawkstone Dr.	CITY-ST-ZIP Sanford, FL 32771	
TITLE SD	NAME GIRODN, ANN		TITLE SD	NAME Frank A. Catapano	
STREET ADDRESS 5041 HAWKSTONE DRIVE	CITY-ST-ZIP SANFORD, FL 32771		STREET ADDRESS 5215 Hawkstone Dr.	CITY-ST-ZIP Sanford, FL 32771	
TITLE D	NAME HAMBOR, MAEGAN		TITLE 	NAME 	
STREET ADDRESS 711 SHROPSHIRE LOOP	CITY-ST-ZIP SANFORD, FL 32771		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME FANELLI, RON		TITLE 	NAME 	
STREET ADDRESS 5100 HAWKSTONE DRIVE	CITY-ST-ZIP SANFORD, FL 32771		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
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:			DATE: <u>2-13-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KATHY MOON			DAYTIME PHONE # 407 679-2600		

90023074



02122008 Chg-NP CR2E037 (12/06)

4. FEI Number
73-1679845

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

L.A. REAL ESTATE INC.
LERECE A. MISLEY
7523 ALOMA AVE, STE 101
WINTER PARK, FL 32792

Name
L.A. Real Estate Inc., Lorece A. Misley
Street Address (P.O. Box Number is Not Acceptable)
7523 Aloma Ave Ste 101
City Winter Park, FL Zip Code 32792

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.

(NOT: Registered Agent signature required when reinstating)

DATE

Filing 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	<input type="checkbox"/> Delete
NAME	MOON, KATHY	
STREET ADDRESS	716 SHROPSHIRE LOOP	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAFFEI, HELEN	
STREET ADDRESS	5092 HAWKSTONE DRIVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIRODN, ANN	
STREET ADDRESS	5041 HAWKSTONE DRIVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMBOR, MAEGAN	
STREET ADDRESS	711 SHROPSHIRE LOOP	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FANELLI, RON	
STREET ADDRESS	5100 HAWKSTONE DRIVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kasei Russell	
STREET ADDRESS	685 Shropshire Loop	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David D. Lowe	
STREET ADDRESS	5176 Hawkstone Dr.	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank A. Catapano	
STREET ADDRESS	5215 Hawkstone Dr.	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

KATHY MOON

DATE: 2-13-08

DAYTIME PHONE # 407 679-2600

Date

Daytime Phone #