

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03910

FILED
Mar 18, 2009
Secretary of State

Entity Name: DOGWOOD HEIGHTS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

101 SOUTH MAIN STREET
BROOKSVILLE, FL 346013336

New Principal Place of Business:

Current Mailing Address:

PO BOX 1900
BROOKSVILLE, FL 346051900

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MASON, JOSEPH M. JR.
101 SOUTH MAIN STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LEDFORD, LEIGH ANN
Address: 10108 WEEKS DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: PD () Delete
Name: MASON, JOSEPH M., JR., .
Address: 101 SOUTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 346013336

Title: VPD () Delete
Name: LANNING, DAVID W
Address: 24033 FREDERICK DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: ASD () Delete
Name: PORCELLI, EDWARD P
Address: 24029 FREDERICK DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD () Delete
Name: BUCKNER, ROBERT A
Address: 11 NORTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: ATD () Delete
Name: BROWNING, S. SCOTT
Address: 10105 WEEKS DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. MASON, JR., ESQUIRE

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date