

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011882

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: DUNN CREEK POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4501 BEVERLY AVE.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

5851 TIMIQUANA ROAD  
SUITE 301  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

C/O COMPLETE ASSOCIATION MANAGEMENT  
P.O. BOX 65908  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 20-2694069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ENEELI, KURT A  
2455 CAMPHORWOOD CT  
ORANGE PARK, FL 32065      US

**Name and Address of New Registered Agent:**

ENSELL, KURT A  
125 A INDUSTRIAL LOOP NORTH  
ORANGE PARK, FL 32073      US

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: KURT A ENSELL

04/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ATLEE, KENYON S.  
Address: 4501 BEVERLY AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: CRISP, DALE K.  
Address: 4501 BEVERLY AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPTS ( ) Delete  
Name: BRADFORD, ERIC N.  
Address: 4501 BEVERLY AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ATLEE, KENYON S.  
Address: 5851 TIMIQUANA ROAD SUITE 301  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change ( ) Addition  
Name: CRISP, DALE K.  
Address: 5851 TIMIQUANA ROAD SUITE 301  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPTS (X) Change ( ) Addition  
Name: BRADFORD, ERIC N.  
Address: 5851 TIMIQUANA ROAD SUITE 301  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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: KENYON S ATLEE

DP

04/12/2007

Electronic Signature of Signing Officer or Director

Date