2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

1. Entity Name DUNBAR MIDDLE O.P.U.S., INC.						05-01-2008 90246 013 ****61.25		
Principal Place of Business 3717 HANOVER STREET FORT MYERS, FL 33901 Mailing Address 3717 HANOVER ST FORT MYERS, FL 33901 Mailing Address FORT MYERS, FL 3717								
Principal Place of Business - No P.O. Box # 3. Mai			iling Address					
Suite, Apt. #, etc.			ouite, Apt, #, etc.				04242008 Chg-NP CR2E037 (12/06)	
City & State		Cit	City & State				4. FEI Number Applied For 32-0147992 Not Applicable	
Zip Country		Zip)	ıntry		5. Certificate of Status Desired Sa.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent	
MCNEILL, RYAN L								
FORT MYERS, FL 33901					Street Address (P.O. Box Number is Not Acceptable)			
					City		□ 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25		9. Election Camp	naign E	inancina		\$5.00 May Re Make check payable to	
_	Due by May 1, 2008		Trust Fund Co	-]	\$5.00 May Be Added to Fees Florida Department of State	
(10.)	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	D GRANT, NANETTE		Delete	TITLE		9	instein, Hetty	
STREET ADDRESS	4750 WINKLER AVENUE EXT.				et adoress 4	750	o winkler AVE EXT.	
CITY-ST-ZIP	FORT MYERS, FL 33912		·—·_	CITY			+ myers, FL 33912	
TITLE NAME	DP KORDONOWY, MARGARET		🔼 Delete	TITLE	. 10) . V) Cana	manageret. Change Addition	
STREET ADDRESS	4750 WINKLER AVENUE EXT.				ET ADDRESS 4	750	donowy, margaret ext	
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY	-ST-ZIP 6	-01	+ Myers, FL 33912	
TIFLE NAME	D MCNEIL, RYAN L		Delete	TITLE	-		☐ Change ☐ Addition	
STREET ADDRESS	3717 HANOVER ST			NAM STRE	ET ADDRESS			
CITY-ST-ZTP	FORT MYERS, FL 33901			СПҮ	-ST-ZIP			
Tilitie	DV -		Delete_	TITLE	C	2	Change ☐ Addition	
NAME STREET ADDRESS	JOSLYN, SALLY 4750 WINKLET AVE EAST			NAM	ET ADDRESS 4	200	o winkler Ave Ext	
CITY-ST-ZIP	FORT MYERS, FL 33912				-ST-ZiP	Coch	+myer, FL 33912	
TITLE	DT		Delete	TITLL				
NAME CERTE ADDRESS	LIM, BEE LAN			NAM	E	<u>Le [</u>]	Tablons ET Change MAddition To Winkles Ave Ext	
STREET ADDRESS CITY-ST-ZIP	4750 WINKLER AVE EAST FORT MYERS, FL 33912				ET ADDRESS U -ST-ZIP &	けって	+ Myers, FL 33912	
TITLE	DS		⊠ Delete	TITLE			□ Observe (27) Address	
NAME	QUINENES, OFA			NAM	٤ ار	'nα	o winkler Ave Ext	
STREET ADDRESS CITY-ST-ZIP	4750 WINKLER AVE EAST FORT MYERS, FL 33912				ET ADDRÉSS ų -ST-ZIP C	1750	+ myer, FL 33912	
	<u> </u>	this filina	does not qualify for t		emptions cont	つくへ tained	d 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 attachinely with an address, with all other like empowered.								
SIGNATURE: \$\fuller{\partial}{\parti								
		RINTED NAM	IE OF SIGNING OFFICER O	R DIRECT	TOR		Date Daytime Phone #	

20 Sara Richmond, oxt. x addition