

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

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90074 030 ****61.25

DOCUMENT # N05000011136					
1. Entity Name DAKOTA TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 212 S. DAKOTA AVE. UNIT C TAMPA, FL 33606			Mailing Address P.O. BOX 1188 TAMPA, FL 33601		
2. Principal Place of Business - No P.O. Box # 212-S DAKOTA AVE		3. Mailing Address 212-G S DAKOTA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA, FL		4. FEI Number 20-3752159	
Zip 33606		Country HILLSBOROUGH		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01152008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BURKETTE, JOHN 212 S. DAKOTA AVE. UNIT C TAMPA, FL 33606			7. Name and Address of New Registered Agent Name: PARKER, JAMES R Street Address (P.O. Box Number is Not Acceptable): 212-A S DAKOTA AVE City: TAMPA FL Zip Code: 33606		
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: 1/15/08 <small>(NOTE: Registered Agent signature required when re-registering)</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 BURKETTE, JOHN E STREET ADDRESS 212 SOUTH DAKOTA AVE. UNIT C CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME PHILLIPS, PAT STREET ADDRESS 212 SOUTH DAKOTA AVE. UNIT A CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME BURKETTE, JOHN E STREET ADDRESS 212 S. DAKOTA AVE. UNIT C CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE STO NAME BURKETTE, JOHN E STREET ADDRESS 1235 SKIP WELLS CT CITY-ST-ZIP TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VD NAME DAWN GOETZ STREET ADDRESS 212-B S DAKOTA AVE CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE PD NAME PARKER, JAMES R STREET ADDRESS 212-A S DAKOTA AVE CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 1/15/08		
303-523-2067			303-523-2067		