2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N05000011136

Entity Name: DAKOTA TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

212 S. DAKOTA AVE.
UNIT C
TAMPA, FL 33606

New Principal Place of Business:

212 S. DAKOTA AVE.
UNIT G
TAMPA, FL 33606

Current Mailing Address:

212 S. DAKOTA AVE.
UNIT C
TAMPA, FL 33606

New Mailing Address:

212 S. DAKOTA AVE.
UNIT G
TAMPA, FL 33606

FEI Number: 20-3752159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARKER, JAMES R
212 S. DAKOTA AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

PARKER, JAMES R
212 S. DAKOTA AVE.
UNIT A
TAMPA, FL 33606 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: JAMES R PARKER 06/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: BURKETTE, JOHN E
Address: 1235 SKIP WELLS CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete
Name: GOETZ, DAWN
Address: 212-B S DAKOTA AVE
City-St-Zip: TAMPA, FL 33606

Title: PD ( ) Delete
Name: PARKER, JAMES R
Address: 212-A S DAKOTA AVE
City-St-Zip: TAMPA, FL 33606

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:

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: JAMES R PARKER PD 06/30/2009
Electronic Signature of Signing Officer or Director Date