## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000507

FILED Apr 22, 2009 Secretary of State

Entity Name: DUNHURST PLACE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 908 GARDENGATE CIR 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 PENSACOLA, FL 32504 **Current Mailing Address: New Mailing Address:** 908 GARDENGATE CIR 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 PENSACOLA, FL 32504 FEI Number: 20-4281454 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ETHERIDGE, RAY 0 ETHERIDGE, RAY O 908 GARDENGATE CIR 908 GARDENGATE CIRCLE US PENSACOLA, FL 32504 PENSACOLA, FL 32504 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: RAY O. ETHERIDGE 04/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DEMOUY, GUS DEMOUY, GUS Name: Name: 1475 DUNHURST DR Address: 1475 DUNHURST DRIVE Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: PENSACOLA, FL 32534 (X) Change ( ) Addition Title: Title: ( ) Delete Name: VAUGHLIN, LYNN Name: ANDERSON, ANDY Address: 1458 DUNHURST DR Address: 1400 DUNHURST DRIVE City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: PENSACOLA, FL 32534 Title: () Delete Title: SD ( ) Change (X) Addition JACKSON, ANGELIA Name: Name: 1470 DUNHURST DRIVE Address: Address: City-St-Zip: City-St-Zip: PENSACOLA, FL 32534 Title: () Delete Title: TD ( ) Change (X) Addition Name: Name: VAUGHN, LYNN 1458 DUNHURST DRIVE Address: Address: City-St-Zip: City-St-Zip: PENSACOLA, FL 32534 Title: () Delete Title: ( ) Change (X) Addition JOHNSON, AIMEE Name: Name: 1467 DUNHURST DRIVE Address: Address: City-St-Zip: City-St-Zip: PENSACOLA, FL 32534

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: RAY O. ETHERIDGE RA 04/22/2009