

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2008 8:00 am
Secretary of State

03-04-2008 90027 001 ***211.25

DOCUMENT # N07000004235 1. Entity Name DREW ESTATES HOMEOWNER'S ASSOCIATION, INC.																																																																						
Principal Place of Business 9582 W COLONIAL DR OCOEE, FL 34761			Mailing Address 9582 W COLONIAL DR OCOEE, FL 34761																																																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																				
City & State		City & State																																																																				
Zip	Country	Zip	Country																																																																			
4. FEI Number 26-2301258				Applied For <input type="checkbox"/> Not Applicable																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																		
6. Name and Address of Current Registered Agent DINKEL, MICHAEL D 9582 W COLONIAL DR OCOEE, FL 34761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																			
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 (NOTE: Registered Agent signature required when reappointing)</small>																																																																						
Filing Fee is \$81.25 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																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">Delete</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> </tr> <tr> <td></td> <td>DP DINKEL, MICHAEL D</td> <td><input type="checkbox"/></td> <td>9582 W COLONIAL DR</td> <td>OCOEE, FL 34761</td> </tr> <tr> <td></td> <td>DVS DINKEL, KELLI R</td> <td><input type="checkbox"/></td> <td>9582 W COLONIAL DR</td> <td>OCOEE, FL 34761</td> </tr> <tr> <td></td> <td>DT COSTELLO, JAMES J JR</td> <td><input type="checkbox"/></td> <td>1010 JOHNS POINTE DR</td> <td>OAKLAND, FL 34787</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">Change</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS	CITY - ST - ZIP		DP DINKEL, MICHAEL D	<input type="checkbox"/>	9582 W COLONIAL DR	OCOEE, FL 34761		DVS DINKEL, KELLI R	<input type="checkbox"/>	9582 W COLONIAL DR	OCOEE, FL 34761		DT COSTELLO, JAMES J JR	<input type="checkbox"/>	1010 JOHNS POINTE DR	OAKLAND, FL 34787			<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>			TITLE	NAME	Change	STREET ADDRESS	CITY - ST - ZIP			<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>		
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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: _____ Michael D Dinkel 2.25.08 457 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																						