

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07936

FILED
Mar 04, 2004
Secretary of State**Entity Name:** DALEHURST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5110 DALEHURST DR
COCOA, FL 32926 US**New Principal Place of Business:****Current Mailing Address:**5110 DALEHURST DR
COCOA, FL 32926 US**New Mailing Address:****FEI Number:** 59-2584855**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JACKSON, FLORA
5110 DALEHURST DR
COCOA, FL 32926**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: STURGES, MICHAEL
Address: 5190 DALEHURST DR
City-St-Zip: COCOA, FL 32926**Title:** ST () Delete
Name: RIPPER, CONSTANCE
Address: 2235 WINSTON DR
City-St-Zip: COCOA, FL 32926**Title:** TT () Delete
Name: WALLER, PHILIP
Address: 2180 WINSTON DR
City-St-Zip: COCOA, FL 32926**Title:** VPT () Delete
Name: HEFFELFINGER, RICHART
Address: 2000 JUNIPER DR
City-St-Zip: COCOA, FL 32926**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHILIP WALLER

TT

03/04/2004

Electronic Signature of Signing Officer or Director

Date