

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90114 024 ****61.25

DOCUMENT # N07936

1. Entity Name

DALEHURST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2180 WINSTON DR
COCOA FL 32926
US

Mailing Address

2180 WINSTON DR
COCOA FL 32926
US



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

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-2584855

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEFFELFINGER, RICHARD
2000 JUNIPER DR
COCOA FL 32926

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STURGES, MICHAEL	
STREET ADDRESS	5190 DALEHURST DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	HEFFELFINGER, RICHARD	
STREET ADDRESS	1000 JUNIPER DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RIPPER, CONSTANCE	
STREET ADDRESS	2235 WINSRON DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	TT	<input type="checkbox"/> Delete
NAME	WALLER, PHILIP	
STREET ADDRESS	2180 WINSTON DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPT
NAME	RAPHAEL, RONALD
STREET ADDRESS	2135 DALE DR.
CITY-ST-ZIP	COCOA FL 32926
TITLE	ST
NAME	HEFFELFINGER, RICHARD
STREET ADDRESS	3000 JUNIPER DR
CITY-ST-ZIP	COCOA, FL 32926
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Philip Waller* PHILIP WALLER, TREASURER 4/18/08 321-632-2664