


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90063 027 ****61.25

DOCUMENT # N13985			
1. Entity Name DUNNELLO SQUARE RESIDENT ASSOC. INC.			
Principal Place of Business 20451 POWELL RD DUNNELLO FL 34431 US		Mailing Address 20451 POWELL RD. #113 DUNNELLO FL 34431 US	
2. Principal Place of Business		3. Mailing Address 20451 Powell Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # Lot 86	
City & State		City & State Dunnellon FL	
Zip	Country	Zip	Country
34431	USA	34431	USA
6. Name and Address of Current Registered Agent NORTON, RICHARD W 20451 POWELL RD. LOT #113 DUNNELLO FL 34431		7. Name and Address of New Registered Agent Name Shirley Carmella Street Address (P.O. Box Number Not Acceptable) 20451 Powell Rd Lot # 86 Dunnellon FL 34431	
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 SHIRLEY CARMELLA, President, Shirley Carmella DATE 1-30-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTON, RICHARD W 20451 POWELL RD., #113 DUNNELLO FL 34431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carmella Shirley 20451 Powell Rd Lot #86 Dunnellon, Fla 34431 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIDNER, DONNA 20451 POWELL RD., #70 DUNNELLO FL 34431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steward, Theo 20451 Powell Rd Lot #89 Dunnellon, FL 34431 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLUMMER, SUSAN 20451 POWELL RD., #14 DUNNELLO FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENHOLD, PAUL 20451 POWELL RD., #55 DUNNELLO FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V RYALS, JOHN 20451 POWELL RD., #115 DUNNELLO FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEGAL, RUSSELL 20451 POWELL RD., #11 DUNNELLO FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **SHIRLEY CARMELLA Shirley Carmella** **1-30-05** **489-8975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50009898



1st MOORE CR2E037 (10/04)