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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19920

1. Corporation Name

DUNFORD HAVEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O SUZANNE KIPPENBERGER
P O BOX 525
VERNON FL 32462

Mailing Address

C/O SUZANNE KIPPENBERGER
P O BOX 525
VERNON FL 32462



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/02/1987

4. FEI Number

36-3648375

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KIPPENBERGER, SUZANNE M.
STAR RT. BOX 220
VERNON FL 32462

10. Name and Address of New Registered Agent

81 Name Suzanne Neafie
82 Street Address (P.O. Box Numbers Not Acceptable)
3957 Dunford Circle
83
84 City Chipley FL 85 Zip Code 32428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME KIPPENBERGER, SUZANNE M.
STREET ADDRESS STAR RT. BOX 220
CITY-STATE-ZIP VERNON FL

TITLE D
NAME HAWN, STEVE
STREET ADDRESS 2802 PARADISE LAKES RD.
CITY-STATE-ZIP CHIPLEY FL 32428

TITLE PD
NAME MOORE, ALAN H
STREET ADDRESS P O BOX 525 N/A
CITY-STATE-ZIP VERNON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD
1.2 NAME SUZANNE NEAFIE
1.3 STREET ADDRESS 3957 DUNFORD CIRCLE
1.4 CITY-STATE-ZIP CHIPLEY, FL 32428

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne Neafie 4/20/99

Date

Daytime Phone #

CR2E037 (11/98)