2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N19920

Entity Name: DUNFORD HAVEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 36-3648375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEAFIE, SUZANNE
3957 DUNFORD CIRCLE
CHIPLEY, FL 32428

Name and Address of New Registered Agent:

MOORE, SUZANNE
3957 DUNFORD CIRCLE
CHIPLEY, FL 32428

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: SUZANNE MOORE 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: NEAFIE, SUZANNE M
Address: 3957 DUNFORD CIRCLE
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: HAWN, STEVE
Address: 2802 PARADISE LAKES RD.
City-St-Zip: CHIPLEY, FL 32428

Title: PD ( ) Delete
Name: MOORE, ALAN H,
Address: P O BOX 525 N/A
City-St-Zip: VERNON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: MOORE, SUZANNE M
Address: 3957 DUNFORD CIRCLE
City-St-Zip: CHIPLEY, FL 32428

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: SUZANNE MOORE STD 04/30/2004
Electronic Signature of Signing Officer or Director Date