

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90122 018 \*\*\*\*61.25

<b>DOCUMENT # N19920</b> 1. Entity 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 <b>2802 PARADISE LAKES ROAD</b>		3. Mailing Address <b>P.O. BOX 838</b>																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State <b>CHIPLEY, FL</b>		City & State <b>LYNN HAVEN, FL</b>		4. FEI Number <b>36-3648375</b>																																																																																																																																																	
Zip <b>32428</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
Zip <b>32444</b>		Country <b>U.S.</b>		04302005 Chg-NP CR2E037 (10/03)																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>MOORE, SUZANNE</b> <b>3957 DUNFORD CIRCLE</b> <b>CHIPLEY, FL 32428</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																																																	
Make check payable to <b>Florida Department of State</b>																																																																																																																																																					
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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.																																																																																																																																																					
<b>SIGNATURE:</b> <u>Arvin Moore</u> <span style="float: right;"><b>APRIL 28, 2005</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					