


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N19920 1. Entity Name DUNFORD HAVEN HOMEOWNERS' ASSOCIATION, INC.	
---	---

Principal Place of Business 2802 PARKSIDE LAKES RD CHIPLEY, FL 32428	Mailing Address PO BOX 838 LYNN HAVEN, FL 32444
--	---

DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 36-3648375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, SUZANNE 3957 DUNFORD CIRCLE CHIPLEY, FL 32428
--

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, PATRICIA I 580- 1ST STREET CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARVIN, MOORE 3189 PIONEER RD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, SUZANNE 3957 DUNFORD CIR CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000559462 05/17/06-80137-018 61.25</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Suzanne C Moore* 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #