

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28944

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** DUNHILL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR. 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR. 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-2999386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DON ASHER & ASSOCIATES INC  
52 E SOUTH STREET  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 US

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: JAMES W HART JR

04/27/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: ERNEY, SANDRA  
Address: 286 MOFFAT LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: PD ( ) Delete  
Name: BARR, KENNETH  
Address: 1613 SLASH PINE PLACE  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: VAN ELSWYCK, JOYCE  
Address: 1686 CANTON LANE  
City-St-Zip: OVIEDO, FL

Title: VD ( ) Delete  
Name: PAYTON, MARY  
Address: 346 MOFFAT LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: FORD, IDA  
Address: 302 MOFFAT LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: HERZOG, DONALD C  
Address: 208 NEEDHAM CT  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: IDA FORD

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date