2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N28944

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:

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

Name and Address of New Registered Agent:

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: _____

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: VPD ( ) Delete
Name: FORD, IDA
Address: 302 MOFFAT LOOP
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: VAN ELSWYCK, JOYCE
Address: 1686 CANTON LANE
City-St-Zip: OVIEDO, FL 32765

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: GOBAT, GRETA
Address: 1597 SLASH PINE PL
City-St-Zip: OVIEDO, FL 32765

Title: PD (X) Change ( ) Addition
Name: VAN ELSWYCK, JOYCE
Address: 1686 CANTON LANE
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change ( ) Addition
Name: PAYTON, MARY
Address: 346 MOFFAT LOOP
City-St-Zip: OVIEDO, FL 32765

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

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE VAN ELSWYCK PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date