2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32031

FILED Aug 12, 2008 Secretary of State

Entity Name: DOMINION HOMEOWNERS ASSOCIATION INC.

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Current Principal Place of Business:		New Principal Place of Business:		
WICKETRU BRANDON	JN DR. I, FL 33510 US			
Current Mailing Address:		New Mailing Address:		
P.O. BOX 3 SEFFNER,				
FEI Number: 59-3026134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
TAYLOR, CHRISTOPHER A 903 WICKETRUN DR. BRANDON, FL 33510 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:				
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete TAYLOR, CHRISTOPHER A 903 WICKETRUN DR. BRANDON, FL 33510	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete LARKIN, ALICIA 942 WICKETRUN DR. BRANDON, FL 33510	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition DUROVIC, CARLA 947 WICKETRUN DR. BRANDON, FL 33510	
Title: Name: Address: City-St-Zip:	SD () Delete BOWLING, JENNIFER 951 WICKETRUN DR. BRANDON, FL 33510	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HERMAN, RICHARD 952 WICKETRUN DR. BRANDON, FL 33510	
Title: Name: Address: City-St-Zip:	TD () Delete MULLIN, PAMELA 9925 WICKETRUN DR. BRANDON, FL 33510	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition MULLIN, PAMELA 925 WICKETRUN DR. BRANDON, FL 33510	
Title: Name: Address: City-St-Zip:	CD () Delete VOOR, DEBBY 915 WICKETRUN DR. BRANDON, FL 33510	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: CHRISTOPHER A. TAYLOR PD 08/12/2008