## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32031

FILED Aug 08, 2009 Secretary of State

Entity Name: DOMINION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** WICKETRUN DR. BRANDON, FL 33510 US **Current Mailing Address: New Mailing Address:** P.O. BOX 331 SEFFNER, FL 33583 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TAYLOR, CHRISTOPHER A Name: Name: 903 WICKETRUN DR. Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change ( ) Addition Name: DUROVIC, CARLA Name: HOBBS, JEREMY Address: 947 WICKETRUN DR. Address: 901 WICKETRUN DR. City-St-Zip: BRANDON, FL 33510 City-St-Zip: BRANDON, FL 33510 Title: () Delete Title: SD (X) Change ( ) Addition HERMAN, RICHARD YAUILLA, PAUL Name: Name: 952 WICKETRUN DR. Address: Address: 933 WICKETRUN DR. City-St-Zip: BRANDON, FL 33510 City-St-Zip: BRANDON, FL 33510 Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: MULLIN, PAMELA Name: JAGUNIC, LARRY 925 WICKETRUN DR. 910 WICKETRUN DR. Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: BRANDON, FL 33510 Title: CD () Delete Title: CD (X) Change ( ) Addition VOOR, DEBBY DUROVIC, CARLA Name: Name: 915 WICKETRUN DR. 947 WICKETRUN DR. Address: Address: BRANDON, FL 33510 City-St-Zip: City-St-Zip: BRANDON, FL 33510

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 08/08/2009