

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50474

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** DUNFORD HAVEN II PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2802 PARADISE LAKES RD  
CHIPLEY, FL 32428 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 525 N/A  
VERNON, FL 32462 US**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOORE, ALAN H.  
915 DELAWARE AVE  
LYNN HAVEN, FL 32444 US**Name and Address of New Registered Agent:**MOORE, ALAN H.  
915 DELAWARE AVE  
LYNN HAVEN, FL 32444 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: ALAN H. MOORE

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: MOORE, ALAN H.  
Address: 915 DELAWARE AVE  
City-St-Zip: LYNN HAVEN, FLTitle: STD ( ) Delete  
Name: MOORE, ALICE H,  
Address: 3189 PIONEER ROAD  
City-St-Zip: VERNON, FLTitle: D ( ) Delete  
Name: MOORE, A C,  
Address: 3189 PIONEER ROAD  
City-St-Zip: VERNON, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: MOORE, ALAN H.  
Address: 915 DELAWARE AVE  
City-St-Zip: LYNN HAVEN, FLTitle: STD (X) Change ( ) Addition  
Name: MOORE, ALICE H,  
Address: 3189 PIONEER ROAD  
City-St-Zip: VERNON, FLTitle: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN H. MOORE

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date