


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90011 046 \*\*\*\*61.25

<b>DOCUMENT # N50474</b>	
1. Entity Name DUNFORD HAVEN II PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 2802 PARADISE LAKES RD CHIPLEY, FL 32428 US	Mailing Address P. O. BOX 838 LYNN HAVEN, FL 32444 US
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08042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MOORE, ALAN H. 915 DELAWARE AVE LYNN HAVEN, FL 32444
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, ALAN H. 915 DELAWARE AVE LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, ALICE H 3189 PIONEER ROAD VERNON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, A C <del>3189 PIONEER ROAD</del> 1715 OHIO AVE. VERNON, FL LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  A.C. Moore	Date <u>8/3/07</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		