

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001608 (7)

1. Corporation Name

DYREHAVEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8235 GREENMONT AVE.  
TALLAHASSEE FL 32311

8235 GREENMONT AVE.  
TALLAHASSEE FL 32311

3. Date Incorporated or Qualified  
04/05/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 8233 Greenmont Ave.

26 8233 Greenmont Ave.

4. FEI Number

59-3345297

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tallahassee, Florida

28 Tallahassee, Florida

Zip

Country

Zip

Country

24 32311

25 Leon U.S.

29 32311

30 Leon U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, FLOYD G III  
8235 GREENMONT AVE.  
TALLAHASSEE FL 32311

81 Name

John M. Walkup

82 Street Address (P.O. Box Number is Not Acceptable)

8233 Greenmont Ave

83

84 City

Tallahassee

FL

85 Zip Code

32311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-12-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☒ DELETE

NAME  
MOORE, GUY  
STREET ADDRESS  
8235 GREENMONT AVE.  
CITY-ST-ZIP  
TALLAHASSEE FL 32311

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

300001716453

-02/16/96--01003--005

\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE

D

☐ DELETE

NAME  
WEBB, FLOYD G III  
STREET ADDRESS  
8235 GREENMONT AVE.  
CITY-ST-ZIP  
TALLAHASSEE FL 32311

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

D

☐ DELETE

NAME  
WALKUP, JOHN  
STREET ADDRESS  
8235 GREENMONT AVE.  
CITY-ST-ZIP  
TALLAHASSEE FL 32311

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☒ Change ☐ Addition

P/O John M. Walkup

8233 Greenmont Ave.

Tallahassee, FL 32311

TITLE

☐ DELETE

NAME  
LARRY STONEK  
STREET ADDRESS  
8229 GREENMONT AVE.  
CITY-ST-ZIP  
TALLAHASSEE, FL 32311

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☒ Addition

V/D Larry Stonek

8229 Greenmont Ave.

Tallahassee, FL 32311

TITLE

☐ DELETE

NAME  
SANDY WEBB  
STREET ADDRESS  
8235 GREENMONT AVE.  
CITY-ST-ZIP  
TALLAHASSEE FL 32311

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☒ Addition

S Sandy Webb

8235 Greenmont Ave.

Tallahassee, FL 32311

TITLE

☐ DELETE

NAME  
JAN JONES  
STREET ADDRESS  
2013 DYREHAVEN DR.  
CITY-ST-ZIP  
TALLAHASSEE, FL 32311

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☒ Addition

T Jan Jones

2013 Dyrehaven Dr.

Tallahassee, FL 32311

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John M. Walkup

John M. Walkup

2-12-96

904-488-3596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)