

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001608

FILED
Apr 30, 2005
Secretary of State

Entity Name: DYREHAVEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2047 DYREHAVEN DR.
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

PO BOX 12543
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3345297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGALLIARD, BRENDA
2047 DYREHAVEN DR.
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: MCGALLIARD, BRENDA
Address: 2047 DYREHAVEN CT.
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD () Delete
Name: BRADY, EMIL
Address: 2027 EYKIS CT.
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD () Delete
Name: CHEWNING, STEPHANIE
Address: 2052 DYREHAVEN CT.
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: RICHARDSON, JANNA
Address: 2001 DYREHAVEN DR.
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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: JANNA RICHARDSON

TD

04/30/2005

Electronic Signature of Signing Officer or Director

Date