2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
03-27-2003 90130 046 ****61.25

DOCUMENT # N95000001608

1. Entity Name
DYREHAVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2042 DYREHAVEN DR. TALLAHASSEE FL 32317	PO BOX 12543 TALLAHASSEE FL 32317

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2047 Dyrehaven Ct.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tallahassee FL	
City & State	City & State
32317 USA	
Zip / Country	Zip / Country

4. FEI Number 59-3345297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, NATALIE 2042 DYREHAVEN DR. TALLAHASSEE FL 32317	Name Brenda McGalliard Street Address (P.O. Box Number is Not Acceptable) 2047 Dyrehaven Ct. City Tallahassee FL Zip Code 32317

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 Brenda McGalliard Brenda McGalliard 3/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PIPEMEIER, SHARON 8747 QUEEN ANNA DR. TALLAHASSEE FL 32317	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Brenda McGalliard 2047 Dyrehaven Ct. Tallahassee, FL 32317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLFE, NATALIE 2042 DYREHAVEN DR. TALLAHASSEE FL 32317	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Emil Brady 2027 Eykis Ct. Tallahassee, FL 32317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NOREN, H LEE 8058 GREENMONT AVE TALLAHASSEE FL 32317	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President D Stephanie Chewning 2052 Dyrehaven Ct Tallahassee, FL 32317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOWEY, EDWARD J 2014 DYREHAVEN DR TALLAHASSEE FL 32311	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D Janna Richardson 2001 Dyrehaven Dr. Tallahassee, FL 32317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Brendan McGalliard REQUIRED Brenda McGalliard 3/25/03 850-942-6271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #