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

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

☑ CHECK HERE IF MAKING CHANGES

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

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: Brenda McGalliard REQUIRED — Brenda McGalliard — 3/25/03 — 850-542-6271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #