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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90162 010 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002514

1. Corporation Name

DUNMORE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

219 SALT GRASS PLACE
MELBOURNE BCH FL 32951
US

Mailing Address

219 SALT GRASS PLACE
MELBOURNE BCH FL 32951
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/26/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3443467	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

**SCULTHORP, BRIAN M
219 SALT GRASS PLACE
MELBOURNE BCH FL 32951**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	SCULTHORP, BRIAN M	
STREET ADDRESS	219 SALT GRASS PLACE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELLES, JAMES S	
STREET ADDRESS	2180 DUNMORE LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	LOSI, ROBERT A	<input checked="" type="checkbox"/> DELETE
NAME	2180 DUNMORE LANE	
STREET ADDRESS	VERO BEACH FL 32963	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRIAN M. SCULTHORP	
1.3 STREET ADDRESS	219 SALT GRASS PLACE	
1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM LACROIX	
4.3 STREET ADDRESS	2165 DUNMORE LANE	
4.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

Brian M. Sculthorp **SIGNATURE** **REBRIAN SCULTHORP**

3/11/99

407-676-0521

CR2E037 (11/98)