

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002514

1. Entity Name

DUNMORE HOMEOWNERS' ASSOCIATION, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90001 046 \*\*\*\*61.25

Principal Place of Business

219 SALT GRASS PLACE  
MELBOURNE BCH FL 32951  
US

Mailing Address

219 SALT GRASS PLACE  
MELBOURNE BCH FL 32951-3326  
US

2. Principal Place of Business

2185 DUNMORE LANE

3. Mailing Address

2185 DUNMORE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

4. FEI Number

59-3443467

Applied For

Not Applicable

Zip

32963

Country

INDIAN RIVER

Zip

32963

Country

INDIAN RIVER

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCULTHORP, BRIAN M  
210 SALT GRASS PLACE  
MELBOURNE BCH FL 32951

7. Name and Address of New Registered Agent

Name

JULIE FISHER

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

2185 DUNMORE LANE

City

VERO BEACH

FL

Zip Code

32963

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.

SIGNATURE

*Julie Fisher*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSO SCULTHORP, BRIAN M 210 SALT GRASS PL MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WELLES, JAMES S 2180 DUNMORE LANE VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LACROIX, WILLIAM 2165 DUNMORE LN VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSO JULIE FISHER 2185 DUNMORE LANE VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO JOHNSON, MITCH DUNMORE LANE VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LACROIX, WILLIAM 2165 DUNMORE LANE VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Julie Fisher* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-00

Date

561-231-9955

Daytime Phone #

CR2E037 (9/99)