

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002514

1. Entity Name

DUNMORE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2155 DUNMORE LANE
VERO BEACH FL 32963
US

2155 DUNMORE LANE
VERO BEACH FL 32963
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3443467

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

LOPES, CRAIG L
2155 DUNMORE LANE
VERO BEACH FL 32963

Name

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

City

FL

Zip Code

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME LOPES, CYNTHIA J
STREET ADDRESS 2155 DUNMORE LANE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME JOHNSON, MITCH
STREET ADDRESS 2145 DUNMORE LANE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TOD ☐ Delete
NAME LOPES, CRAIG L
STREET ADDRESS 2155 DUNMORE LANE
CITY-ST-ZIP VERO BEACH FL

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS Johnson Mitch
CITY-ST-ZIP 2145 DUNMORE LANE
VERO BEACH, FL 32963

TITLE VPD ☐ Delete
NAME SEROVICH, JOHN
STREET ADDRESS 2175 DUNMORE LANE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature: [Handwritten Signature]

2-13-02

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90039 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)