

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004999

1. Entity Name

DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

% 9924 BURGANDY BAY ST.
ORLANDO FL 32817

Mailing Address

% LIGHTHOUSE MANG.
P.O. BOX 0774
WINDERMERE FL 34786-0774



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3363478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

WEAN, PAUL L
% WEAN & MALCHOW, P.A.
646 E. COLONIAL DR.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BISHOP, WILLIAM D III	
STREET ADDRESS	9924 BURGANDY BAY ST	
CITY-STATE-ZIP	ORLANDO FL 32817	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BISHOP, YVETTE	
STREET ADDRESS	9924 BURGANDY BAY	
CITY-STATE-ZIP	ORLANDO FL 32817	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LESTER, DEAN	
STREET ADDRESS	9927 KONA ISLE CT	
CITY-STATE-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELNUTT, STEVE	
STREET ADDRESS	9925 BURGUNDY BAY ST	
CITY-STATE-ZIP	ORLANDO FL 32817	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LESTER, AMY	
STREET ADDRESS	9927 KONA ISLE CT	
CITY-STATE-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000673301
CITY-STATE-ZIP	03/29/07-80023-023 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Bill Bishop
Bill Bishop

3-15-07 407-679-3499