## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 02, 2008 8:00 am Secretary of State DOCUMENT # N95000004999 1. Entity Name 04-02-2008 90037 009 \*\*\*\*61.25 DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address % LIGHTHOUSE MANG. MANA GENE % 9924 BURGANDY BAY ST. ORLANDO FL 32817 P.O. BOX 0774 WINDERMERE FL 34786-0774 2. Principal Place of Business - No P.O. Box # 3. Mailing Address BURGUNDY Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3363478 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ker & Poliako WEAN, PAUL L % WEAN & MALCHOW,P.A. 646 E. COLONIAL DR. ORLANDO FL 32803 City 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Hogistered agent and the diaconcase. (NOTE, Registered Agent signabure required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State: Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition BISHOP, WILLIAM D III NAME NAME 9924 BURGANDY BAY ST BURGUNDY STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP CITY-ST-ZIP THIF Delete TITLE ☐ Change Addition BISHOP, YVETTE NAME NAME 9924 BURGANDY BAY BUR GUNDY STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 City-St-ZiP CITY-ST-ZIP VD ☐ Delete TITLE ☐ Change Addition LESTER, DEAN NAME NAME 9927 KONA ISLE CT STREET ADDRESS STREET AUDPESS ORLANDO FL 32817 C/TY-ST-7IP CITY-ST-ZIP TETLE ☐ Dalete TITLE ☐ Change Addition SHELNUTT, STEVE NAME NAME 9925 BURGUNDY BAY ST BURGON PY STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32817 CITY-ST-ZIP TD TITLE Delete TOTAL Change Addition LESTER, AMY PRATT, DAVID NAME 9927 KONA ISLE CT 4 CHOS SUE BIPP TZ YAET STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIE CITY-ST-ZIP ORLANDO, FL ヨゴ8ノコ THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

FILED

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 suppliemental report is true and accurate and that my signalure 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.

CHY-ST-ZP

SIGNATURE: