


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90208 024 \*\*\*\*61.25

<b>DOCUMENT # N98000001646</b>					
<b>1. Entity Name</b> DEAN WOODS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4250 ALAFAYA TRAIL SUITE 212 ORLANDO, FL 32765			<b>Mailing Address</b> 4250 ALAFAYA TRAIL SUITE 212 ORLANDO, FL 32765		
<b>2. Principal Place of Business</b> PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Oviedo, FL Zip 32765		<b>3. Mailing Address</b> PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Oviedo, FL Zip 32765			
<b>4. FEI Number</b> 59-3539705		<b>Applied For</b> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> RELIABLE PROPERTY MANAGERS INC. 4250 ALAFAYA TRAIL - STE. 212 PMB 345 OVIEDO, FL 32765			<b>7. Name and Address of New Registered Agent</b> Name Lilly Burnside c/o Reliable Property Managers Street Address (P.O. Box Number is Not Acceptable) PMB 345 4250 Alafaya Tr., Suite 212 City Oviedo FL Zip Code 32765		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD SNOKE, ROBERT E 10305 ROCKING A RUN ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TS REYERS, LILLIAN 10300 ROCKING A RUN ORLANDO, FL 32825	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President William Coleman 10537 Rocking A Run Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Secretary 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert Snoke 10305 Rocking A Run Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3-29-06 Daytime Phone #					