2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90028 035 ****61.25

DOCUMENT # N98000001646

1. Entity Name
DEAN WOODS HOMEOWNERS ASSOCIATION, INC.

400044290

02262008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
PMB 345 4250 ALAFAYA TR. SUITE 212 ORLANDO, FL 32765	PMB 345 4250 ALAFAYA TR. SUITE 212 ORLANDO, FL 32765

2. Principal Place of Business - No P.O. Box #
5151 Adanson Street, Suite 103
Orlando, Florida 32804

Zip | Country

3. Mailing Address
5151 Adanson Street, Suite 103
Orlando, Florida 32804

City & State | Zip | Country

4. FEI Number 59-3539705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON STREET
SUITE 103
ORLANDO, FL 32804

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] 2-29-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REYERS, LILLIAN 10300 ROCKING A RUN ORLANDO, FL 32825	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNOKE, ROBERT 10305 ROCKING A RUN ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 3/5/08 407-485-0467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #