

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004348

FILED  
Aug 16, 2009  
Secretary of State

**Entity Name:** SOUTH DUNNELLON CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1962 W TEST COURT ST  
DUNNELLON, FL 34434

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3341  
DUNNELLON, FL 34430

**New Mailing Address:**

**FEI Number:** 59-3529534      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAMPBELL, RANDOLPH  
1554 W NAT TURNER LANE  
DUNNELLON, FL 34434 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOETIUS, ANDRE  
Address: 12530 N WATER WAY PO BOX 2481  
City-St-Zip: DUNNELLON, FL 34430

Title: M ( ) Delete  
Name: CAMPBELL, RANDOLPH  
Address: 1540 W. NAT TURNER LN.  
City-St-Zip: DUNNELLON, FL 34434

Title: ST ( ) Delete  
Name: CHESTEEN, LARRY  
Address: 12452 N. LEFANT TERR., PO BOX 353  
City-St-Zip: DUNNELLON, FL 34430

Title: D ( ) Delete  
Name: MONTGOMERY, ROCHELLE L  
Address: 12409 N HANDY TERR  
City-St-Zip: DUNNELLON, FL 34433

Title: V ( ) Delete  
Name: COLLINS, WILLIE SR.  
Address: 1950 TUBMAN LN - P O BOX 982  
City-St-Zip: DUNNELLON, FL 34430

Title: D ( ) Delete  
Name: COLLINS, MARIE  
Address: 12440 N. HANDY TERR  
City-St-Zip: DUNNELLON, FL 34433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDOLPH CAMPBELL

RA/D

08/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date