

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714720

Entity Name: DOMMERICH BEACH AND CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**1640 CHINOOK TRAIL
MAITLAND, FL 32751**Current Mailing Address:**PO BOX 940722
MAITLAND, FL 32794-0722**FEI Number:** 52-0895956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, ANDREA A
1640 CHINOOK TRAIL
MAITLAND, FL 32751 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:** ANDREA A. BROWN

04/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WHITE, BRIAN
Address 1621 CHINOOK TRAIL
City-State-Zip: MAITLAND FL 32751

Title VP
Name KING, JENNIFER
Address 1651 SHAWNEE TRAIL
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name CLARK, GRAHAM
Address 1751 TONTO TRAIL
City-State-Zip: MAITLAND FL 32751

Title TREASURER
Name BROWN, ANDREA A
Address 1640 CHINOOK TRAIL
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name WELCH, SHIRLEY
Address P.O. BOX 940722
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name KILDON, LANCE
Address P.O. BOX 940722
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name HOLLINGSHEAD, JAMES
Address P.O. BOX 940722
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name BAGGETT, PRISCILLA
Address P.O. BOX 940722
City-State-Zip: MAITLAND FL 32794

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ANDREA A. BROWN

TREASURER

04/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEWAHL, DUNCAN
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name GOURLAY, ALEX
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name DUNN, BRADLEY
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name WILDE, STACY
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name GOODE, JEREMY
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name GLEICK, RICHARD
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32792

Title DIRECTOR
Name BEUMER, DENISE
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32792

Title DIRECTOR
Name NORDHEIM, BOB
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name BURKEY, BRANDON
Address P. O. BOX 940722
City-State-Zip: MAITLAND FL 32751