2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2015
Secretary of State
CC5620038442

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 03/08/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	KILDRON, LANCE
Address	1669 CHOCTAW TRAIL
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	DEROO, LISA
Address	909 MOJAVE 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	HOLLINGSHEAD, JAMES
Address	P.O. BOX 940722
City-State-Zip:	MAITLAND FL 32794

Title	VP
Name	FARBER, HEIDI
Address	571 DOMMERICH DRIVE
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	CLARK, GRAHAM
Address	P.O. BOX 940722
City-State-Zip:	MAITLAND FL 32794

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

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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 03/08/2015

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	LITTLE, LORI
Address	P. O. BOX 940722
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	BOSSES, GARY
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