

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756249 (9)
1. Corporation Name
DOVE HOLLOW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 6010 FOREST BLVD FORT MYERS FL 33908-4318
Mailing Address: 6010 FOREST BLVD FORT MYERS FL 33908-4318

3. Date Incorporated or Qualified: 02/09/1981
3a. Date of Last Report: 03/28/1995
4. FEI Number: 59-2152906
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
ARMSTRONG, KENNETH
6010 FOREST BLVD
FT MYERS FL 33908

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOMASHEFSKI, PEG	
STREET ADDRESS	16442 TIMBERLAKES #101	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HANZEL, JOHN	
STREET ADDRESS	16424 TIMBERLAKES DR #204	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCMILLEN, CHESTER	
STREET ADDRESS	16442 TIMBERLAKES, DR #202	
CITY-ST-ZIP	FT.MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOFER, KENNETH	
STREET ADDRESS	16448 TIMBERLAKES DR #104	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STROUD, PEGGY	
STREET ADDRESS	16436 TIMBERLAKES DR #102	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HOURIGAN, WILLIAM	
STREET ADDRESS	16454 TIMBERLAKES DR #203	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VPD
5.3 STREET ADDRESS	STROUD, PEGGY
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peg Tomaszewski* (Signature) *2/26/96* (Date) *941 433-0111* (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)