## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

756249

(9)

## DOVE HOLLOW CONDOMINIUM ASSOCIATION, INC.

						<del></del>   1984: 1984   1116   1146   1147
Principal Place of Business Mailing Address						T LOBULY SUBDL DIVID DIVID DIVID LANCE DIDIN BIOLI BIOLI BIOLI BIOLI BIOLI BIBLI DIDIN
6010 FOREST E		6010 FOREST BLVD FORT MYERS FL 33908-4318				
						3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1981 03/01/1996
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For S9-2 152906 Not Applicable
Suite, Apt. 4	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		Trust Fund Contribution
24	25	29	30			Florida Statutes Yes No
=	9. Name and Address of Current			Ţ		10. Name and Address of New Registered Agent
				81	Name	
ARMSTRONG, KENNETH				B2	Street A	Address (P.O. Box Number is Not Acceptable)
6010 FO	REST BLVD					
FT MYER	RS FL 33908			83		
				84	City	FL 85 Zip Code
11. Pursuant to office or reagent. I ar	o the provisions of Sections 617.0502 ogistered agent, or both, in the State on Infamiliar with, and accept the obligati	and 617.1508, Florida Statute Florida, Such change was a ons of, Section 617.0503, Flo	s, the a uthorize rida Stal	bove d by tutes	named of the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re				d Age	nt signature r	required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	71.5	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	SD Tomashefski, peg	□ pereit	1.1 ti		ļ	טו – י אי
NAME STREET ADDRESS	16442 TIMBERLAKES #101			-	ADDRESS	HAMPTON, BETH
CITY-ST-ZIP	FT MYERS FL			MY-S		16424 TIMBERLAKES #202 FT MYERS FL
TITLE	TD	DELETE	2.1 Tr		1-211	☐ Change ☐ Addition
NAME	MCMILLEN, CHESTER		2.2 N	AME	}	}
STREET ADDRESS	16442 TIMBERLAKES, DR #20	2	2.3 \$	TAEET	ADDRESS	
CITY-ST-ZIP	FT.MYERS FL		2.40	HY-8	ST-ZIP	'
TITLE	D	DELETE	3.1 T	TLE		Change Addition
NAME	Stofer, Kenneth		3.2 N	AME		
STREET ADDRESS	16448 TIMBERLAKES DR #104	<b>,</b>	3.3 \$	TREET	address	
CITY-ST-7IP	FT MYERS FL				ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 Y			Change Addition
NAME	STROUD, PEGGY	•	4.21		ļ	
STREET ADDRESS	16436 TIMBERLAKES DR #102	!			ADORESS	
CITY - ST - ZIP	FT MYERS FL	DELETE		ITY-S	T-ZIP	Change Addition
THILE	P	☐ NETCIE	5.1 T			C) Strange C) Audition
NAME STREET ADDRESS	HOURIGAN, WILLIAM 16454 TIMBERLAKES DR #203	1	5.2 N		ADDRESS	
CITY-ST-ZIP	FT MYERS FL	•		ITY-S	1	
TITLE	1 1 1011110 1 1	DELETE	6.1 T		1-ZIF	Change Addition
NAME			6.2 N			
STREET ADDRESS			1		ADDRESS	
0.74 07 310				NTV C		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attrachment with an address.

**FILED** 

Mar 03 1997 8:00am

Secretary of State