

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

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756249 (9)**  
 1. Corporation Name  
**DOVE HOLLOW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>6010 FOREST BLVD FORT MYERS FL 33908-4318</b>	Mailing Address <b>6010 FOREST BLVD FORT MYERS FL 33908-4318</b>
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3. Date incorporated or Qualified <b>02/09/1981</b>	
4. FEI Number <b>59-2152906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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 this 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMASHEFSKI, PEG</b>	1.2 NAME	
STREET ADDRESS	<b>16442 TIMBERLAKES #101</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMLLEN, CHESTER</b>	2.2 NAME	
STREET ADDRESS	<b>16442 TIMBERLAKES, DR #202</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT.MYERS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOFER, KENNETH</b>	3.2 NAME	
STREET ADDRESS	<b>16448 TIMBERLAKES DR #104</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROUD, PEGGY</b>	4.2 NAME	<b>P</b>
STREET ADDRESS	<b>16436 TIMBERLAKES DR #102</b>	4.3 STREET ADDRESS	<b>STROUD, PEGGY</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	4.4 CITY-ST-ZIP	<b>16436 TIMBERLAKES DR #102</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOURIGAN, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>16454 TIMBERLAKES DR #203</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMPTON, BETH</b>	6.2 NAME	<b>VPD</b>
STREET ADDRESS	<b>16424 TIMBERLAKES #202</b>	6.3 STREET ADDRESS	<b>HAMPTON, BETH</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	6.4 CITY-ST-ZIP	<b>16424 TIMBERLAKES DR #202</b>

VPD	<b>FT MYERS FL</b>
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14. I 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 attachment with an address.

SIGNATURE: *Peggy Stroud, President*      2/10/98      941 433-0111

CR2E037 (10/97)