


FILE NOW: FILING FEE IS \$61.25

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90019 003 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 756249

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



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 02/09/1981 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | |
| 23 | Zip | 28 | Zip | 59-2152906 | |
| 24 | Country | 29 | Country | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ARMSTRONG, KENNETH 6010 FOREST BLVD FT MYERS FL 33908 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ 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 | SD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMASHEFSKI, PEG | 1.2 NAME | HAMPTON, BETH |
| STREET ADDRESS | 16442 TIMBERLAKES #101 | 1.3 STREET ADDRESS | 16424 TIMBERLAKES DRIVE 202 |
| CITY-ST-ZIP | FT MYERS FL | 1.4 CITY-ST-ZIP | FT MYERS, FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCMILLEN, CHESTER | 2.2 NAME | MAJOR, DONALD |
| STREET ADDRESS | 16442 TIMBERLAKES, DR #202 | 2.3 STREET ADDRESS | 16436 TIMBERLAKES DRIVE 104 |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | FT MYERS FL |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STROUD, PEGGY | 3.2 NAME | BENNETT, TOM |
| STREET ADDRESS | 16436 TIMBERLAKES DR #102 | 3.3 STREET ADDRESS | 16448 TIMBERLAKES DRIVE 103 |
| CITY-ST-ZIP | FT MYERS FL | 3.4 CITY-ST-ZIP | FT MYERS, FL |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAMPTON, BETH | 4.2 NAME | STOFER, KEN |
| STREET ADDRESS | 16424 TIMBERLAKES #202 | 4.3 STREET ADDRESS | 16448 TIMBERLAKES DRIVE 104 |
| CITY-ST-ZIP | FT MYERS FL | 4.4 CITY-ST-ZIP | FT MYERS, FL |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: Beth Hampton SECRETARY BETH HAMPTON 2/9/99 941433-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)