

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756249

1. Entity Name

DOVE HOLLOW CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90261 032 ****61.25

Principal Place of Business

Mailing Address

6010 FOREST BLVD
 FORT MYERS FL 33908-4318

6010 FOREST BLVD
 FORT MYERS FL 33908-4318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2152906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMSTRONG, KENNETH
 6010 FOREST BLVD
 FT MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAJOR, DONALD	
STREET ADDRESS	16436 TIMBERLAKES DRIVE, #104	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENNETT, TOM	
STREET ADDRESS	16448 TIMBERLAKES DRIVE, #103	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STROUD, PEGGY	
STREET ADDRESS	16436 TIMBERLAKES DR #102	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAMPTON, BETH	
STREET ADDRESS	16424 TIMBERLAKES DRIVE #202	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOFER, KEN	
STREET ADDRESS	16448 TIMBERLAKES DRIVE, #104	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, GERALD	
STREET ADDRESS	16430 TIMBERLAKES DRIVE #102	
CITY-ST-ZIP	FT MYERS, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOITIK, DARRELL	
STREET ADDRESS	16424 TIMBERLAKES DRIVE #203	
CITY-ST-ZIP	FT MYERS, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy Stroud Peggy Stroud President 2/21/00 941-433-0111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)