

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90983 044 ****61.25

DOCUMENT # 756249

1. Entity 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

C/O THE MANAGEMENT CONNECTION
 8270 COLLEGE PKWY #103
 FT. MYERS, FLORIDA 33919

3. Mailing Address

C/O THE MANAGEMENT CONNECTION
 8270 COLLEGE PKWY #103
 FT. MYERS, FLORIDA 33919



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2152906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, KENNETH
 6010 FOREST BLVD
 FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name: **FREDEN, ARLENE A.**
 Street: **8270 COLLEGE PKWY #103**
 City: **FT. MYERS, FL. 33919**
 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: *Arlene A. Freden* **CAM, CFPM** *ARLENE A. FREDEN* *4-10-01*
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAJOR, DONALD 16436 TIMBERLAKES DRIVE, #104 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, TOM 16448 TIMBERLAKES DRIVE, #103 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROUD, PEGGY 16436 TIMBERLAKES DR #102 FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, GERALD 16430 TIMBERLAKES DRIVE 102 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOFER, KEN 16448 TIMBERLAKES DRIVE, #104 FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOITIK, DARRELL 16424 TIMBERLAKES DRIVE 203 FT MYERS FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald Major* **Donald Major** *4/17/01* *941-415-4400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)