


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

T. Roberts 08

DOCUMENT # 756249						FILED 05 JUN 27 PM 4:25... SECRETARY OF STATE TALLAHASSEE, FLORIDA 5/3/04 90429 038 0125 04-05 04292004 Chg-NP CH2EUS/ (10/03) *	
1. Entity Name DOVE HOLLOW CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business C/O THE MANAGEMENT CONNECTION 8720 COLLEGE PKWY #103 FORT MYERS, FL 33919		Mailing Address C/O THE MANAGEMENT CONNECTION 8720 COLLEGE PKWY #103 FORT MYERS, FL 33919		2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FRE TEAGUE, GEORGE 8721 8270 COLLEGE PKWY #103 FOF FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name: TEAGUE, GEORGE Street Address: 8270 COLLEGE PKWY #103 City: FORT MYERS, FL 33919			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent Signature required when re-registering) DATE: 06/30/05 Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State 000056821580 06/30/05--01064-012 *\$61.25							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAJOR, DONALD			NAME	ERNST, STANLEY		
STREET ADDRESS	16436 TIMBERLAKES DRIVE, #104			STREET ADDRESS	16442 TIMBERLAKES DR #4-102	Fort Myers, FL	
CITY-ST-ZIP	FT MYERS, FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	5360 FRANCINE FERRI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, JACK			NAME	PRESIDENT		
STREET ADDRESS	16454 TIMBERLAKES DR #6-103			STREET ADDRESS	16424 TIMBERLAKES DRIVE #1-102		
CITY-ST-ZIP	FORT MYERS, FL 33908			CITY-ST-ZIP	FORT MYERS FL 33908		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	COBB, LEYLAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STROUD, PEGGY			NAME	Director		
STREET ADDRESS	16436 TIMBERLAKES DR #102			STREET ADDRESS	16430 TIMBERLAKES DR #2-204		
CITY-ST-ZIP	FORT MYERS, FL 33908			CITY-ST-ZIP	FORT MYERS, FL 33908		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	5360 TERRY CHESNEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURPHY, JAMES			NAME	SECRETARY		
STREET ADDRESS	16442 TIMBERLAKES DR #4-201			STREET ADDRESS	2075 OAKWOOD		
CITY-ST-ZIP	FORT MYERS, FL 33908			CITY-ST-ZIP	TRENTON MI 48183-1838		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	FERRI, FRANCINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRI, FRANCINE			NAME	Secretary		
STREET ADDRESS	16424 TIMBERLAKES DR #1-102			STREET ADDRESS	16424 TIMBERLAKES DR 1-102		
CITY-ST-ZIP	FORT MYERS, FL 33908			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	5360 GERRI REAVES	<input checked="" type="checkbox"/> Addition	
NAME				NAME	1ST VICE PRESIDENT		
STREET ADDRESS				STREET ADDRESS	16442 TIMBERLAKES DRIVE #4-204		
CITY-ST-ZIP				CITY-ST-ZIP	FORT MYERS FL 33908		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall have the effect 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: _____				SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date: 4/20/04				Date: 2/29/05			

Francine Ferreri, FRANCINE FERRI 4/20/04 239-415-7447
 239-415-3402