


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90084 022 ****61.25

DOCUMENT # 756249

1. Entity Name
 DOVE HOLLOW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2180 WEST SR 434, SUITE 5000
 LONGWOOD, FL 32779-5044

Mailing Address
 2180 WEST SR 434, SUITE 5000
 LONGWOOD, FL 32779-5044


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

40003000



03082007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

HART, JAMES W JR
 SENTRY MANAGEMENT INC
 2180 W SR 434 SUITE 5000
 LONGWOOD, FL 32779

4. FEI Number
 59-2152906

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	ERNST, STANLEY	
STREET ADDRESS	16442 TIMBERLAKES DR #102	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COWHEY, DENNIS	
STREET ADDRESS	108 S 3RD ST	
CITY-ST-ZIP	BLOOMINGDALE, IL 60108	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COBB, LEE	
STREET ADDRESS	16430 TIMBERLAKES DR #204	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KAMOSIA, JOHN	
STREET ADDRESS	16448 TIMBERLAKES DR #202	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STROUD, PEGGY	
STREET ADDRESS	5745 WINDRIDGE VIEW	
CITY-ST-ZIP	CINCINNATI, OH 45243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNST, STAN	
STREET ADDRESS	3577 HALLA LN	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANE, DENNIS	
STREET ADDRESS	562 N LOGAN AVE	
CITY-ST-ZIP	DANVILLE IL 61832	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLEY, ROBERT	
STREET ADDRESS	2306 EAGLE RIDGE RD	
CITY-ST-ZIP	CHAMPAIGN IL 61822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOETTLE, MARILYN	
STREET ADDRESS	668 PHILLIP CIR	
CITY-ST-ZIP	FORSYTH IL 62535	
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 exemptions contained in Chapter 119, 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: Dennis R. Cowhey Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR