

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003196**

1. Entity Name  
**DOVEFIELD ESTATES HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**2240 DOVE FIELD DR.  
PENSACOLA, FL 32534**

Mailing Address  
**2240 DOVE FIELD DR.  
PENSACOLA, FL 32534**



01282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**LITTON, STEVEN  
2240 DOVEFIELD DR.  
PENSACOLA, FL 32534**

**DO NOT WRITE  
IN THIS SPACE**

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, the registered agent.

SIGNATURE

**STEVEN J. LITTON PRESIDENT**

**2-7-04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000082557  
03/09/04-80037-005 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LITTON, STEVEN 2240 DOVEFIELD DR. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARRIS, BRIAN 2140 DOVEFIELD DR. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRACE, MIRIAM 2035 DOVEFIELD DR. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

**STEVEN J. LITTON**

**2-7-04**

**850-471-2270**