

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90999 027 *****61.25

DOCUMENT # N01000003196

1. Entity Name

DOVEFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2165 DOVEFIELD DR
PENSACOLA FL 32534

Mailing Address

2165 DOVEFIELD DR
PENSACOLA FL 32534

2. Principal Place of Business

2240 DOVEFIELD DR

Suite, Apt. #, etc.

3. Mailing Address

2240 DOVEFIELD DR

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32534

Country

USA

Zip

32534

Country

USA

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DITTO, MARK
2165 DOVEFIELD DR
PENSACOLA FL 32534

7. Name and Address of New Registered Agent

Name

STEVEN LITTON

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

2240 DOVEFIELD DR

City

PENSACOLA

State

FL

Zip Code

32534

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

STEVEN J. LITTON, PRESIDENT

4/27/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DITTO, MARK	
STREET ADDRESS	2165 DOVEFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STORTI, EDWARD	
STREET ADDRESS	2190 DOVEFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32534-9771	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LITTON, STACYE N	
STREET ADDRESS	2240 DOVEFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN LITTON	
STREET ADDRESS	2240 DOVEFIELD DR	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN HARRIS	
STREET ADDRESS	2140 DOVEFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAM GRACE	
STREET ADDRESS	2035 DOVEFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32534	
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:

STEVEN J. LITTON

4-27-03 850-471-2270

CR2E037 (10/02)