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

DOCUMENT # N0100003196

1. Entity Name

DOVERED ESTATES HOMEOWNERS ASSOCIATION, INC.



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

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

Principal Place of Business 2165 DOVEFIELD DR PENSACOLA FL 32534			Mailing Address 2165 DOVEFIELD DR PENSACOLA FL 32534			ne en la companya de				
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	Place of Busine	SFIELD DR	3. Mailing Address	EHE (B)	50					
Suite, Apt.			Suite, Apt. #, etc.				CHECK HERE I	F MAKING (CHANGES	
City & Stat	s SACOL	A FL	Sity & State SENSACOL	A FC	٠.	4. FEI Number	NOT APPLICA	ABLE		oplied For ot Applicable
Zip 3253	34	Country USA	32534	Country USA		5. Certificate of 8	Status Desired		8.75 Add ee Require	
	6. Name a	end Address of Curren	t Registered Agent /			7. Name and Ad	dress of New Re	egistered Ag	gent	
				Name	SZ	VEN LI	HON			
DITTO, M				Street	Street Address (P.O. Box Number is Not Acceptable)					
	VEFIELD DR OLA FL 3253	A			200	40 DOL	IEFKID	DK_		
PENSACI	ULA FL 3233	4			4500	SACOLA			· ·	
				City	ENSI	ACILA		FL	Zip Cod	534
8. The above	named entity	submits this statement t	for the purpose of changing its				n the State of Flor	rida. I am fai	miliar with,	and accept
the obligat	tions of registe	red agent.					/	,		
	(2	h	STEVEN J. LI	MON DY	2551	DEDMOT	4/2	7/03	•	
SIGNATURE	Signature, typed of	printed name of registered age		: Registered Agent signs	ature required	when reinstating)	- '/	DATE		
										
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			I 9 Election Cam	maign Financing		CE 00	I Mai	ke Check	Pavanie	to I
1	FILE NOW:	FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees		ke Check la Departn		
!	FILE NOW:	FEE IS \$61.25						ke Check la Departn		
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10.	PD	OFFICERS AND D	Trust Fund Co	ontribution. 11. IITLE	ַ מ'פ'	Added to Fees	Florid GES TO OFFICER	RS AND DIRE	nent of S	State
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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: