

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 727440 (0)
 1. Corporation Name
DOVER GREEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **5353 SKELLY SQUARE ORLANDO FL 32812**
 Mailing Address: **5353 SKELLY SQUARE ORLANDO FL 32812 - 8869**

3. Date Incorporated or Qualified: **09/12/1973**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1563308**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SNIDER, JOHN K, 5359 EMERALD ISLE DRIVE, ORLANDO FL 32812**
 10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KERRY	1.2 NAME	
STREET ADDRESS	2211 TIPPERARY CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32812
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, KATHY	2.2 NAME	100001883261
STREET ADDRESS	5307 EMERALD ISLE DR	2.3 STREET ADDRESS	-07/03/96--01040--029
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	***61.25
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIDER, JOHN K	3.2 NAME	
STREET ADDRESS	5359 EMERALD ISLE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP	32812
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BUCHAN, CAROL B.
STREET ADDRESS		4.3 STREET ADDRESS	5363 SKELLY SQ
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32812-8869
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BROWN, RON
STREET ADDRESS		5.3 STREET ADDRESS	2209 TIPPERARY CT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO FL 32812
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	STROHL, PETER
STREET ADDRESS		6.3 STREET ADDRESS	2255 O'HARA CT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32812 07-0296

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol B. Buchan (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 Date: 6/8/96 Daytime Phone #: (407) 275-7002

CR2E037 (3/96)