


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 07 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/12/1973</b>	3a. Date of Last Report <b>07/02/1996</b>
4. FEI Number <b>59-1563308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

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 Name <b>Kerry D. Brown</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2211 Tipperary Ct.</b>
83
84 City <b>Orlando</b>
85 Zip Code <b>FL 32812</b>

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: *[Signature]* DATE: **7/21/97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROWN, KERRY	
STREET ADDRESS	2211 TIPPERARY CT.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SNIDER, JOHN K	
STREET ADDRESS	5359 EMERALD ISLE DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BUCHAN, CAROL B	
STREET ADDRESS	5363 SHELLY SQ	
CITY-ST-ZIP	ORLANDO FL 32812-8869	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, RON	
STREET ADDRESS	2209 TIPPERARY CT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STROHL, PETER	DIRECTOR
STREET ADDRESS	2255 O'HARA CT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KERRY BROWN	
1.3 STREET ADDRESS	2211 Tipperary Ct.	
1.4 CITY-ST-ZIP	Orlando FL 32812	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTY CASE	
2.3 STREET ADDRESS	2223 McMAHON CT.	
2.4 CITY-ST-ZIP	ORLANDO FL 32812	
3.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARY L. Sitter	
3.3 STREET ADDRESS	2201 Tipperary Ct.	
3.4 CITY-ST-ZIP	Orlando, FL 32812	
4.1 TITLE	Renee Brigman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	5360 Shelly Sq. DIRECTOR	
4.3 STREET ADDRESS	Orlando, FL 32812	
4.4 CITY-ST-ZIP		
5.1 TITLE	Ray Bastwick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	5337 Emerald Isle Dr. DIRECTOR	
5.3 STREET ADDRESS	Orlando, FL 32812	
5.4 CITY-ST-ZIP		
6.1 TITLE	Budd Knauff	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	2205 Mc Mahon Ct. DIRECTOR	
6.3 STREET ADDRESS	Orlando, FL 32812	
6.4 CITY-ST-ZIP		

14. I do 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 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: *[Signature]* DATE: **7/21/97** **407 281-0302**

CR2E037 (4/97)