


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|---|---|
| Principal Place of Business 5353 SKELLY SQUARE ORLANDO FL 32812 | Mailing Address 5353 SKELLY SQUARE ORLANDO FL 32812 |
|---|---|

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|---|--|
| 3. Date Incorporated or Qualified 09/12/1973 | |
| 4. FEI Number 59-1563308 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**BROWN, KERRY D
2211 TIPPERARY CT
ORLANDO FL 32812**

10. Name and Address of New Registered Agent
81. Name **William Mulloy**
82. Street Address (P.O. Box Number is Not Acceptable) **5399 Skelly Sq.**
83.
84. City **Orlando** FL 85. Zip Code **32812**

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 *William A. Mulloy Jr.* **William A. Mulloy Jr.** 1/8/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|----------------------|-------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> |
| NAME | BROWN, KERRY | |
| STREET ADDRESS | 2211 TIPPERARY CT. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | CASE, BETTY | |
| STREET ADDRESS | 2223 MCMAHON CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | ST | <input checked="" type="checkbox"/> |
| NAME | SITLER, GARY L | |
| STREET ADDRESS | 2201 TIPPERARY CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> |
| NAME | BRIGMAN, RENEE | |
| STREET ADDRESS | 5360 SHELLY SQ | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> |
| NAME | STROHL, PETER | |
| STREET ADDRESS | 2255 O'HARA CT | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | D | <input type="checkbox"/> |
| NAME | BOSTWICK, RAY | |
| STREET ADDRESS | 5337 EMERALD ISLE DR | |
| CITY-ST-ZIP | ORLANDO FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | CHANGE | ADDITION |
|---|--------------------|--------------------------|-------------------------------------|
| 1.1 TITLE | Mulloy, William | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME | 5399 Skelly Square | | |
| 1.3 STREET ADDRESS | Orlando, FL 32812 | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | D | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME | Budd Knauff | | |
| 2.3 STREET ADDRESS | 2205 McMahon Ct. | | |
| 2.4 CITY-ST-ZIP | Orlando, FL 32812 | | |
| 3.1 TITLE | ST | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.2 NAME | Gladys Russell | | |
| 3.3 STREET ADDRESS | 2221 Tipperary Ct. | | |
| 3.4 CITY-ST-ZIP | Orlando, FL 32812 | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. 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 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: *William A. Mulloy Jr.* **WILLIAM A. Mulloy Jr.** 1/8/98

CR2E037 (10/97)