


**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90010 017 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727440**

1. Corporation Name  
**DOVER GREEN CONDOMINIUM ASSOCIATION, INC.**

390983 - 90009 - 39

Principal Place of Business 5353 SKELLY SQUARE ORLANDO FL 32812	Mailing Address 5353 SKELLY SQUARE ORLANDO FL 32812
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/12/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1563308
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>MULLOY, WILLIAM</b> 5399 SKELLY SQ ORLANDO FL 32812	10. Name and Address of New Registered Agent 81 Name <b>CAROL B BUCHAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5363 SKELLY SQ</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32812</b>
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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: Carol B Buchan DATE: 6/28/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	MULLOY, WILLIAM 5399 SKELLY SQUARE ORLANDO FL 32812	1.1 TITLE AD	KATHLEEN CONNOR 5309 EMERALD ISLE DR. ORLANDO, FL 32812
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	CASE, BETTY 2223 MCMAHON CT ORLANDO FL	2.1 TITLE TD	CAROL B. BUCHAN 5363 SKELLY SQ ORLANDO, FL 32812-8869
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	KNAUFF, BUDD 2205 MCMAHON CT ORLANDO FL 32812	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ST	RUSSELL, GLADYS 2221 TIPPERARY CT ORLANDO FL 32812	4.1 TITLE SD	ORLANDO, GLADYS
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	BOSTWICK, RAY 5337 EMERALD ISLE DR ORLANDO FL	5.1 TITLE VPD	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: Carol B Buchan DATE: 6-28-99 407-272-6677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)