

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90212 041 \*\*\*\*61.25

**DOCUMENT # 727440**

1. Entity Name

DOVER GREEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5353 SKELLY SQUARE  
ORLANDO FL 32812

Mailing Address

5353 SKELLY SQUARE  
ORLANDO FL 32812

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1563308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BUCHAN, CAROL B  
5363 SKELLY SQ  
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May.1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCHAN, CAROL	
STREET ADDRESS	5363 SKELLY SQ	
CITY - ST - ZIP	ORLANDO FL 32812-8869	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, YVONNE	
STREET ADDRESS	2208 TIPPER MARY CT	
CITY - ST - ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLYNN, MICHAEL	
STREET ADDRESS	2243 O HARA COURT	
CITY - ST - ZIP	ORLANDO FL 32812	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHEELER, CARYN	
STREET ADDRESS	2221 MCMAHON CT	
CITY - ST - ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHN, KATHY	
STREET ADDRESS	5307 EMERALD ISLE	
CITY - ST - ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONNY, YVONNIE	
STREET ADDRESS	2208 TIPP MARY CT	
CITY - ST - ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SCOTT, SUSAN  
2212 McMAHON COURT  
ORLANDO FL 32812

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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:

*Michael C Flynn* (Trustee) 3/31/07 407 207-1825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #