

5401 Bay Shore Rd Sarasota, FL 34243 to 3434 Bahia Vista St, Sai
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90035 012 ****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



03082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUCHAN, CAROL
STREET ADDRESS	5363 SKELLY SQ
CITY-ST-ZIP	ORLANDO, FL 328128869
TITLE	VPD
NAME	ARMSTRONG, YVONNE SCOTT, SUSAN
STREET ADDRESS	2208 TIPP MARY CT 2212 McMAHON CT
CITY-ST-ZIP	ORLANDO, FL 32812 ORLANDO FL 32812
TITLE	T
NAME	FLYNN, MICHAEL
STREET ADDRESS	2243 O HARA COURT
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	SD
NAME	WHEELER, CARYN
STREET ADDRESS	2221 MCMAHON CT
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D
NAME	SCOTT, SUSAN ARMSTRONG, YVONNE
STREET ADDRESS	2212 MCMAHON COURT 2208 TIPP MARY CT
CITY-ST-ZIP	ORLANDO, FL 32812 ORLANDO FL 32812
TITLE	D
NAME	BERRY, YVONNE
STREET ADDRESS	2208 TIPP MARY CT
CITY-ST-ZIP	ORLANDO, FL 32812

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael C Flynn TREASURER 3/15/08

Date

Daytime Phone if

457-257-1925