

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUCHAN, CAROL B 5353 SKELLY SQ ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name SUSAN SCOTT Street Address (P.O. Box Number is Not Acceptable) 5353 SKELLY SQUARE City ORLANDO FL Zip Code 32812	
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 <u>SUSAN SCOTT, PRESIDENT</u> <i>Susan Scott</i> <u>11/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHAN, CAROL 5363 SKELLY SQ ORLANDO, FL 328128869	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500138014075 11/17/08--01070--015 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD. PD SCOTT, SUSAN 2212 MCMAHON CT. ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD SCOTT, SUSAN 2212 McMAHON COURT ORLANDO FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLYNN, MICHAEL 2243 O HARA COURT ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHEELER, CARYN 2221 MCMAHON CT ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, YVONNE 2208 TIPPERMAY CT. ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD ARMSTRONG YVONNE 2208 TIPPERMAY COURT ORLANDO FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, YVONNIE 2208 TIPP MARY CT ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <u>TREASURER</u> <u>11/11/08</u> <u>407-267-1925</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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