2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 727440

Entity Name: DOVER GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5353 SKELLY SQUARE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

5353 SKELLY SQUARE
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-1563308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, SUSAN
5363 SKELLY SQ
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCOTT, SUSAN
Address: 2212 MCMANNON CT.
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete
Name: FLYNN, MICHAEL
Address: 2243 O HARA COURT
City-St-Zip: ORLANDO, FL 32812

Title: SD ( ) Delete
Name: WHEELER, CARYN
Address: 2221 MCMAHON CT
City-St-Zip: ORLANDO, FL 32812

Title: VPD ( ) Delete
Name: ARMSTRONG, YVONNE
Address: 2208 TIPPERMAY CT.
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: BERRY, YVONNIE
Address: 2208 TIPP MARY CT
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. FLYNN, TREASURER MR. 01/08/2009

Electronic Signature of Signing Officer or Director — Date