

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90143 035 \*\*\*\*61.25

<b>DOCUMENT # 741648</b> 1. Entity Name DOVER MANOR HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1309 ANGELINE AVENUE ORLANDO, FL 32807-1312 US		Mailing Address PO BOX 570873 ORLANDO, FL 32857-0873 US	
2. Principal Place of Business 5110 Jennifer Pl Suite, Apt. #, etc.		3. Mailing Address P.O. Box 570873 Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32807 Country US		City & State Orlando, FL Zip 32857-0873 Country US	
4. FEI Number 27-0049635		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MUZZY, VIRGINIA 1309 ANGELINE AVENUE ORLANDO, FL 32807-1312		7. Name and Address of New Registered Agent Name Catherine B. Cooper Street Address (P.O. Box Number is Not Acceptable) 1221 Melissa Avenue City Orlando, FL Zip Code 32807	
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>Catherine B. Cooper</u> DATE <u>3/7/05</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUZZY, VIRGINIA F MRS. 1309 ANGELINE AVE ORLANDO, FL 328071312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cooper, Catherine B. 1221 Melissa Avenue Orlando, FL 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, LOIS MS 5057 LIDO STREET ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Trujillo, Dara 5110 Jennifer Pl Orlando, FL 32807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEAVER, ROBERTA MRS. 5156 ANDREA BLVD. ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD David Perez 1316 Angeline Ave Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUJILLO, DARA MRS. 5110 JENNIFER PL ORLANDO, FL 32807 <input checked="" 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	<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	<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 exemption stated in Section 119.07(3)(i), 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>Catherine B. Cooper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/7/05</u> Daytime Phone # <u>407-963-2215</u>	