


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 741648		
1. Entity Name DOVER MANOR HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 5110 JENNIFER PL ORLANDO, FL 32807 US		Mailing Address PO BOX 570873 ORLANDO, FL 32857-0873 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COOPER, CATHERINE B 1221 MELISSA AVENUE ORLANDO, FL 32807		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		110000534012 05/06/06-80146-009 61.25
TITLE	TD	DO NOT WRITE IN THIS SPACE
NAME	COOPER, CATHERINE B	
STREET ADDRESS	1221 MELISSA AVENUE	
CITY - ST - ZIP	ORLANDO, FL 32807	
TITLE	PD	
NAME	TRUJILLO, DARA	
STREET ADDRESS	5110 JENNIFER PL	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	ORLANDO, FL 32807	
TITLE	SD	
NAME	WEAVER, ROBERTA MRS.	
STREET ADDRESS	5156 ANDREA BLVD.	
CITY - ST - ZIP	ORLANDO, FL 32807	
TITLE	VD	DO NOT WRITE IN THIS SPACE
NAME	PEREZ, DAVID	
STREET ADDRESS	1316 ANGELINA AVE	
CITY - ST - ZIP	ORLANDO, FL 32807	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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>Catherine B. Cooper</u> Catherine B. Cooper 4/21/06 321-229-2554		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>