

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741648

FILED
Apr 22, 2007
Secretary of State

Entity Name: DOVER MANOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5110 JENNIFER PL
ORLANDO, FL 32807 US

New Principal Place of Business:

5041 DORETTA CT
ORLANDO, FL 32807 US

Current Mailing Address:

PO BOX 570873
ORLANDO, FL 328570873 US

New Mailing Address:

FEI Number: 27-0049635 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COOPER, CATHERINE B
1221 MELISSA AVENUE
ORLANDO, FL 32807 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: TD () Delete
Name: COOPER, CATHERINE B
Address: 1221 MELISSA AVENUE
City-St-Zip: ORLANDO, FL 32807 US

Title: PD () Delete
Name: TRUJILLO, DARA
Address: 5110 JENNIFER PL
City-St-Zip: ORLANDO, FL 32807 US

Title: SD () Delete
Name: WEAVER, ROBERTA MRS.
Address: 5156 ANDREA BLVD.
City-St-Zip: ORLANDO, FL 32807 US

Title: VD () Delete
Name: PEREZ, DAVID
Address: 1316 ANGELINA AVE
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: KNOWLES, JAMES V
Address: 5041 DORETTA CT
City-St-Zip: ORLANDO, FL 32807 US

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 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: CATHERINE B COOPER

TD

04/22/2007

Electronic Signature of Signing Officer or Director

Date