

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747523

FILED
Apr 29, 2005
Secretary of State

Entity Name: DOVER-FOXCROFT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300/321 35TH AVENUE NORTH
300 35TH AVE N #5
ST. PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7696
SAINT PETERSBURG, FL 33734 US

New Mailing Address:

FEI Number: 59-1928792 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMERICAN ENTERPRISE MTM, INC.
1430 56TH AVE. NO.
SAINT PETERSBURG, FL 33703 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: D () Delete
Name: WILLIAMS, HAZEL
Address: 300 35TH AVE #1
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VPD () Delete
Name: MCCABE, LAWRENCE
Address: 1675 MANOR WAY SO
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD () Delete
Name: SHARPE, BRUCE
Address: 300 35TH AVE, #8
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: T () Delete
Name: STEWART, MIKE
Address: 839 45TH AVE. N, F4
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: P () Delete
Name: KNOWLTON, DAVID
Address: 300 35TH AVE N F4
City-St-Zip: ST. PETE, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEWART, KAREN D
Address: 839 45TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

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

Title: SD (X) Change () Addition
Name: SHARPE, BRUCE
Address: 300 35TH AVE, #F8
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: T (X) Change () Addition
Name: STEWART, MIKE
Address: 839 45TH AVE. N,
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: P (X) Change () Addition
Name: KNOWLTON, DAVID
Address: 300 35TH AVE N #F4
City-St-Zip: ST. PETE, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GERALD M. CARUSO

AGT

04/29/2005

Electronic Signature of Signing Officer or Director

Date