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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:15

DOCUMENT # 753528 (9)

1. Corporation Name
DOVER ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4949 HOPERITA ST. ORLANDO FL 32812 US	4949 HOPERITA ST. ORLANDO FL 32812 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1980
3a. Date of Last Report: 02/16/1994
4. FEI Number: 13-0511020 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHELLEY HELEN 4949 HOPERITA ST. ORLANDO FL 32812	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Helen M. Shelley — Jan. 20, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FLORA NANCY	1.2 NAME	
STREET ADDRESS	5054 FAYANN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	GARLICH NANCY	2.2 NAME	
STREET ADDRESS	4919 HOPERITA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FRAIZER JIM	3.2 NAME	
STREET ADDRESS	4882 CEDAR BAY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	PERKINS GLEN	4.2 NAME	
STREET ADDRESS	4883 CEDAR BAY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHELLEY HELEN	5.2 NAME	
STREET ADDRESS	4949 HOPERITA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BURIA LUIS	6.2 NAME	
STREET ADDRESS	4929 CEDAR BAY ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen M. Shelley — Jan. 20, 1995 — (407-282-6712)
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — Daytime Phone #

0034233