

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 15 1996 8:00 am
Secretary of State

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1980	3a. Date of Last Report 02/09/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-0511020	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHELLEY HELEN
4949 HOPERITA ST.
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Helen M. Shelley* **Helen M. Shelley, Treasurer** **2-12-96**
Signature typed or printed name of registered agent and firm 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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* **Helen M. Shelley, Treasurer** **2-12-96** (407) 282-6712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)