

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753528** (9)
1. Corporation Name
DOVER ESTATES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 2002 FOXBORO DR ORLANDO FL 32812 US		Mailing Address 2002 FOXBORO DR ORLANDO FL 32812 US		3. Date Incorporated or Qualified 07/29/1980	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 4836 Brenda Dr. 23 City & State Orlando, FL 24 Zip 32812 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State Orlando, FL 28 Zip 32812 29 Country		4. FEI Number 13-0511020 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent GRANT, COLEMAN 2002 FOXBORO DR ORLANDO FL 32812				10. Name and Address of New Registered Agent 81 Name Susan A. Riffle 82 Street Address (P.O. Box Number is Not Acceptable) 4836 Brenda Dr. 83 84 City Orlando FL 85 Zip Code 32812			
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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 Susan A. Riffle, President 1/28/98
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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLORA NANCY		1.2 NAME	Susan A. Riffle			
STREET ADDRESS	5054 FAYANN ST.		1.3 STREET ADDRESS	4836 Brenda Dr.			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32812			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARLICH NANCY		2.2 NAME	Joseph Uddo			
STREET ADDRESS	4919 HOPERITA ST.		2.3 STREET ADDRESS	4849 Brenda Dr.			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32812			
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEMAN, GRANT		3.2 NAME	Sue Albin			
STREET ADDRESS	2002 FOXBORO DR		3.3 STREET ADDRESS	4819 Fayann St.			
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32812			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERKINS GLEN		4.2 NAME	Beverly King			
STREET ADDRESS	4883 CEDAR BAY ST.		4.3 STREET ADDRESS	4809 Fayann St.			
CITY-ST-ZIP	ORLANDO FL 32812		4.4 CITY-ST-ZIP	Orlando, FL 32812			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME	David Register			
STREET ADDRESS			5.3 STREET ADDRESS	1944 Foxboro Dr			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32812			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing 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: Susan A. Riffle 1/28/98 409-246-3011

CP2E037 (10/97)