

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90081 049 ****61.25

DOCUMENT # 753528

1. Entity Name

DOVER ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4836 BRENDA DR
ORLANDO, FL 32812
US

4819 FAYANN ST
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

5162 TELLSON PLACE
Suite, Apt. #, etc.

4811 FAYANN Street
Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip
32812

Country
USA

City & State

ORLANDO FLORIDA

Zip
32812

Country
USA

4. FEI Number

13-0511020

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSAN A RIFFLE
4836 BRENDA DR
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name
DAVID W. BLACKWOOD
Street Address (P.O. Box Number is Not Acceptable)
5162 TELLSON PLACE
City
ORLANDO FL Zip Code
32812

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSAN A RIFFLE 4836 BRENDA DR ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, BEVERLY 4809 FAYANN ST ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUE ALBIN 4819 FAYANN ST ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVILA, DIANE 5241 HOPERITA ST ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, BETTY 4984 FAYANN ST ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR DAVID W. BLACKWOOD 5162 TELLSON PLACE ORLANDO, FL. 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR ELIZABETH A. BUTTERY 5076 FAYANN STREET ORLANDO, FL. 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CORRINE DI MARCO 4811 FAYANN STREET ORLANDO, FL. 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR DIANNE DAVILA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORRINE DI MARCO, Treasurer 2/1/02 407 306 9017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)