

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 13, 2006
Secretary of State

DOCUMENT# 753528

Entity Name: DOVER ESTATES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**5076 FAYANN STREET
ORLANDO, FL 32812 US**New Principal Place of Business:**2020 BELAIRE AVENUE
ORLANDO, FL 32812 US**Current Mailing Address:**5076 FAYANN STREET
ORLANDO, FL 32812**New Mailing Address:**2020 BELAIRE AVENUE
ORLANDO, FL 32812**FEI Number:** 13-0511020**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUTTERY, ELIZABETH
5162 TELLSON PLACE
ORLANDO, FL 32812 US**Name and Address of New Registered Agent:**CARVER, CAROL
2020 BELAIRE AVENUE
ORLANDO, FL 32812 US

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: CAROL CARVER

09/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUTTERY, ELIZABETH MS
Address: 5076 FAYANN STREET
City-St-Zip: ORLANDO, FL 32812

Title: VD () Delete
Name: BATTERSBY, BARBARA A MS
Address: 5209 FAYANN STREET
City-St-Zip: ORLANDO, FL 32812

Title: TD () Delete
Name: ENGSTROM, DEAN MR
Address: 2012 BEL AIR STREET
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: CARVER, CAROL MS
Address: 2020 BEL AIR STREET
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: ALBIN, SUE MS
Address: 4819 FAYANN STREET
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: BLACKWOOD, DAVID W MR
Address: 5162 TELLSON PLACE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATTERSBY, BARBARA A MS
Address: 5209 FAYANN STREET
City-St-Zip: ORLANDO, FL 32812

Title: VD (X) Change () Addition
Name: PACE, JOLENE A MS
Address: 5234 FAYANN STREET
City-St-Zip: ORLANDO, FL 32812

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CAROL CARVER

SD

09/13/2006

Electronic Signature of Signing Officer or Director

Date