2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 753528

Entity Name: DOVER ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2020 BEL AIR AVE
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

2020 BEL AIR AVE
ORLANDO, FL 32812 US

New Mailing Address:

2012 BEL AIR AVE
ORLANDO, FL 32812 US

FEI Number: 13-0511020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARVER, CAROL
2020 BELAIRE AVENUE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BATTERSBY, BARBARA A MS	
Address:	5209 FAYANN STREET	
City-St-Zip:	ORLANDO, FL 32812	
Title:	VD	( ) Delete
Name:	PACE, JOLENE A MS	
Address:	5234 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	ENGSTROM, DEAN E MR	
Address:	2012 BEL AIR AVE	
City-St-Zip:	ORLANDO, FL 32812	
Title:	SD	(X) Change ( ) Addition
Name:	CARVER, CAROL MS	
Address:	2020 BEL AIR AVE	
City-St-Zip:	ORLANDO, FL 32812	
Title:	D	(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:		

I hereby certify that the information supplied with this filing does not qualify 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: DEAN ENGSTROM TREA 04/28/2009

Electronic Signature of Signing Officer or Director — Date