

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

DOCUMENT # 763844 (8)

1. Corporation Name

DOVE HOLLOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3404 DOVE HOLLOW COURT
P.O. BOX 742
PALM HARBOR FL 34683

Mailing Address

3404 DOVE HOLLOW COURT
P.O. BOX 742
PALM HARBOR FL 34683



3. Date Incorporated or Qualified
06/23/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
57-1285804

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, TERRY LEE
1003 W. HILLSBOROUGH AVENUE
TAMPA FL 33803

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

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 P
NAME WHEELER, HENRY ALAN
STREET ADDRESS 3553 SNOWY EGRET COURT
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME GEORGE, CARMEN
STREET ADDRESS 3541 DOVE HOLLOW COURT
CITY-ST-ZIP PALM BEACH FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME WHEELER, TAMELA
STREET ADDRESS 3553 SNOWY EGRET CT.
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME GODCHARLES, LINDA
STREET ADDRESS 3572 DOVE HOLLOS COURT
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DABNEY, JAMES A.
STREET ADDRESS 3404 DOVE HOLLOW CT.
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME NEEL, BUD
STREET ADDRESS 3573 DOVE HOLLOW CT.
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☒ Addition
D
MASON, ZACHARY
3517 DOVE HOLLOW CT.
PALM HARBOR, FL 34683

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

813-738-7142

CR2E037 (12/95)