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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
P.O. Box 742 PALM HARBOR, FL 34683	P.O. Box 742 PALM HARBOR, FL 34683

3. Date Incorporated or Qualified: 6/23/82

4. FEI Number: 57-1285804 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 P.O. Box 742	Suite, Apt. #, etc. 27 P.O. Box 742
City & State 23 PALM HARBOR, FL	City & State 28 PALM HARBOR, FL.
Zip 24 34683 Country 25 U.S.A.	Zip 29 34683 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROGERS, TERRY LEE 1003 W. HILLSBOROUGH AVE. TAMPA, FL 33603	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL DESANCTIS 3514 GLOSSY IBIS CT. PALM HARBOR, FL 34683	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR DENISE HAYES 3449 SNOWY EGRET CT. PALM HARBOR, FL 34683	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT ROBERT LOPES 3425 SNOWY EGRET CT PALM HARBOR, FL 34683	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR MIKE MYRICK 3468 RUSTY CRACKLE DR. PALM HARBOR, FL 34683	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER GEORGE CARMEN 3541 DOVE HOLLOW CT. PALM HARBOR, 34683	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PRESIDENT MICHAEL DESANCTIS 3514 GLOSSY IBIS CT. PALM HARBOR, FL 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MICHAEL G. DENEAULT 2222 BLUE TERN DR. PALM HARBOR, FL 34683	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	~~SECRETARY~~ ~~TREASURER~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JAMES DARNEY 3404 DOVE HOLLOW COURT PALM HARBOR, FL 34683	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SECRETARY MICHAEL G. DENEAULT 2222 BLUE TERN DR. PALM HARBOR, FL 34683	☒ Change ☐ Addition 4/5/12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ZACHARY MASON 3517 DOVE HOLLOW COURT PALM HARBOR, FL 34683	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400002524071 -05/14/98---01104--030 ***61.25	☐ Change ☐ Addition

CR2E037 (10/97)

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: Michael G Deneault - MICHAEL G. DENEAULT 4/29/98 813-540-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #