FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 763844

1. Corporation Name

DOVE HOLLOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P.O. BOX 742 PALM HARBOR FL 34683

Mailing Address

P.O. BOX 742 PALM HARBOR FL 34683



04-22-1999 90172 049 ****61.25



2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	1			
21		26			06/23/1982				
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		A	pplied For	
22			*				~ N	ot Applicable	
City & Stat	e	City & State				\$8.75 Additional Fee Required			
Zip	Country	Zip	Count	trv	6. Election Campaign Financing		\$5.00	May Be	
24	25 29 30			•	Trust Fund Contribution			to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
_				1 Name					
DOOFDO TERRALETA LA CARA									
ROGERS, TERRY LEEF 188 1. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				82 Street Address (P.O. Box Number is Not Acceptable)					
1003 W. HILLSBOROUGH AVENUE :				83					
tampa fi	L 33603 20 1472 1284		ľ	~					
	1.		1	34 City			85 Zip	Code	
	的现在分词的 医性病病					<u> </u>			
office or r	egistered agent, or both, in the State 0	of Florida. Such change was auth	iorized l	by the con	corporation submits this statement for the oration's board of directors. I hereby acce	ept the appoin	nanging it tment as r	s registered egistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florida	a Statut	es.					
SIGNATURE	•)				7. 5	DATE		-	
40	Signature, typed or printed name of registered agent		13.	gent signature	required when reinstating) ADDITIONS/CHANGES TO OI	-	DIRECT	ORS IN 12	
12.		S AND DIRECTORS		-	Vice President	T TOLING AIN	Change	Addition	
TITLE	PE CANOTIC MICHAEL	7€ DECETE					□ Onlange	ر المالي المالي	
NAME	DE SANCTIS, MICHAEL		1,2 NAM	Ε	Denise Hayes				
STREET ADDRESS	3514 GLOSSY IBIS CT		1.3 STR	EET ADDRESS	3449 Snowy Bgret Ct.				
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP		Palm Harbor FL 37	412			
TITLE	V (∑ DELETE		2.1 TILE Tree		Treasurer		Change	Additio	
NAME	PROPES, ROBERT		2.2 NAM	Ė	Chet Cabebe				
STREET ADDRESS	3425 SNOWY EGRET CT		2.3 STR	EET ADDRESS	3549 Dove Hollow Ct		•		
CITY-ST-ZIP	PALM HARBOR FL 34683			Y-ST-ZIP	Palm Harbor FL 34683	·		~	
TITLE	DELETE		3.1 TILE 0 /		Director		Change	Addition	
NAME	CARMEN, GEORGE		3.2 NAM	E					
STREET ADDRESS	3541 DOVE HOLLOW CT		3.3 STR	EET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34683		1	/-ST-ZIP					
TITLE	S	DELETE	4.1 TITL		President		Change	☐ Additio	
NAME	DENEAULT, MICHAEL G	<u> </u>	4. 2 NAM		F . (2.000)		<i>-</i> •	_	
				EET ADDRESS					
STREET ADDRESS	2222 BLUE TERN DR								
CITY-ST-ZIP	PALM HARBOR FL 34683	N nci etc	4.4 CITY	-ST-ZIP			Change	Addition	
TITLE	D ØDELETE 5		5.1 7171	t c	Secretary Cuthy Barnhisel 3540 Dove Hollow Ct		Change	, Audillo	
NAME	DABNEY, JAMES		5.2 NAM		Curry Barner Hollow Ct				
STREET ADDRESS	3404 DOVE HOLLOW CT		5.3 STR	EET ADDRESS	3540 1500				
CITY-ST-ZIP	PALM HARBOR FL 34683		5.4 CITY	-ST-ZIP	Palm Harbor FL 34683				
TITLE	D	☐ DELETE	6.1 TITL		المستنسن		Change	Addition	
NAME 175. T	MASON, ZACHARY		6.2 NAW		Carlotte - Extraction	_			
STREET ADDRESS	3404 DOVE HOLLOW CT		6.3 STR	EET ADDRESS		•			
CITY-ST-7IP	PALM HARBOR FL 34683		6.4 CITY	ST-ZIP :					

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, with all other like empowered.