2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
08-31-2000 90109 028 ****61.25

DOCUMENT # 763844

1. Entity Name

DOVE HOLLOW HOMEOWNERS ASSOCIATION, INC. P

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

UUU626U3

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROGERS, TERRY LEE 1003 W. HILLSBOROUGH AVENUE TAMPA FL 33603	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP Director	☐ Delete	TITLE	President	☐ Change ☒ Addition
NAME	HAYES, DENISE		NAME	Michelle Lampert	
STREET ADDRESS	3449 SNOWY EGRET CT		STREET ADDRESS	3539 Glossy Ibis Ct	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	T	☒ Delete	TITLE	V.P.	☐ Change ☒ Addition
NAME	CABEBE, CHET		NAME	Dutch Grubbs	
STREET ADDRESS	3549 DOVE HOLLOW CT		STREET ADDRESS	3681 Rusty Grackle Dr	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	D	☐ Delete	TITLE	Treasurer	☐ Change ☒ Addition
NAME	CARMEN, GEORGE		NAME	Marilyn Neller	
STREET ADDRESS	3541 DOVE HOLLOW CT		STREET ADDRESS	3463 Glossy Ibis Ct	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	P Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DENEAULT, MICHAEL G.		NAME		
STREET ADDRESS	2222 BLUE TERN DR		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BARNHESEL, CATHY		NAME		
STREET ADDRESS	3540 DOVE HOLLOW CT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MASON, ZACHARY		NAME		
STREET ADDRESS	3517 DOVE HOLLOW CT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP		

CR2E037 (5/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Lampert President Michelle Lampert 8/20/00 727-785-4219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #