## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT #763844** 1. Entity Name 05-03-2007 90029 025 \*\*\*\*61.25 DOVE HOLLOW HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 742 P.O. BOX 742 PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 57-1285804 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRUBBS, HUGH 3681 RUSTY GRACKLE DRIVE Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR, FL 34683 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title il applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change NAME HAYES, DENISE NAME 3449 SNOWY EGRET CT STREET ADDRESS t Tanager Dr. FL 37683 STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TTLE D ☐ Delete TITRE ☐ Change M Addition Heather Guenther 3630 Scarlet Tanager D. NAME **NELLER, MARILYN** NAME STREET ADDRESS 3463 GLOSSY IBIS CT STREET ADDRESS Palm Harbor FL 34683 CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Michelle Utegaard 2268 Colonial Blod. W. NAME NAME STREET ADDRESS STREET ADDRESS Palm Harbor, FL 34683 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP mn e ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TTLE NAME NAME STREET ADORESS STREET ADORESS

FILED

May 03, 2007 8:00 am

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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.

CITY-ST-7IP

Marilyn S. Neller

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