

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:10

DOCUMENT # 765696 (0)
1. Corporation Name
GREENVIEW AT DOVER COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 571027 ORLANDO FL 32857-0027
P.O. BOX 571027 ORLANDO FL 32857-0027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1982 3a. Date of Last Report 08/10/1994
4. FEI Number 59-2421790 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KERNERY, SHERI
1145 PALADIN COURT
ORLANDO FL 32812

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, 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	
TITLE	TD
NAME	HOLMAN, GANDY
STREET ADDRESS	1120 PALADIN CT.
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	TRAPP, ALAN
STREET ADDRESS	900 LENMORE COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	SB PD
NAME	WALKER, SHARON
STREET ADDRESS	989 LENMORE COURT
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	D
NAME	KERNEY, TOM
STREET ADDRESS	1145 PALADIN ST.
CITY-ST-ZIP	ORLANDO FL
TITLE	Treasurer
NAME	SATHRE, LEE
STREET ADDRESS	885 Lenmore Ct.
CITY-ST-ZIP	ORLANDO 32812
TITLE	V PD
NAME	BEAL, MATT
STREET ADDRESS	1160 PALADIN CT
CITY-ST-ZIP	ORLANDO 32812

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CALABRESI, MARY	
1.3 STREET ADDRESS	1140 PALADIN CT	
1.4 CITY-ST-ZIP	ORLANDO, FL 32812	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARDESTY, LINDA	
2.3 STREET ADDRESS	919 LENMORE CT	
2.4 CITY-ST-ZIP	ORLANDO, FL 32812	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: Sharon L Walker 2/9/94 273-5574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone No