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Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 765696 (0)

1. Corporation Name

GREENVIEW AT DOVER COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 571027
ORLANDO FL 32857-8027

P.O. BOX 571027
ORLANDO FL 32857-1027

3. Date Incorporated or Qualified
11/09/1982

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 571027

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
ORLANDO FL

27 City & State

23 ORLANDO FL

28

24 Zip Country
32857-1027

25

29 Zip Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERNERY, SHERI
1145 PALADIN COURT
ORLANDO FL 32812

81 Name
KERNEY, SHERI

82 Street Address (P.O. Box Number is Not Acceptable)
1145 PALADIN COURT

83

84 City ORLANDO FL 85 Zip Code 32812

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	CALABRESI, MARY	
STREET ADDRESS	1140 PALADIN CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HALDESTY, LINDA	
STREET ADDRESS	919 LENMOK CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALKER, SHARON	
STREET ADDRESS	969 LENMORE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEADOWS, DEBBIE	
STREET ADDRESS	1035 LENMORE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VOD	<input type="checkbox"/> DELETE
NAME	BEAL, MATT	
STREET ADDRESS	1160 PALADIN CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GROMLICH, CHERYL	
1.3 STREET ADDRESS	1030 PALADIN COURT	
1.4 CITY-ST-ZIP	ORLANDO, FL 32812	
2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARDESTY, LINDA	
2.3 STREET ADDRESS	919 LENMORE COURT	
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	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMPSON, PERRY	
4.3 STREET ADDRESS	870 LENMORE COURT	
4.4 CITY-ST-ZIP	ORLANDO, FL 32812	
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BEAL, MATT	
5.3 STREET ADDRESS	1160 PALADIN COURT	
5.4 CITY-ST-ZIP	ORLANDO, FL 32812	
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 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: *Perry R. Thompson*
PERRY R. THOMPSON, TREASURER

1-7-97

407-849-1569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018077

CR2E037 (9/96)