


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765696

1. Corporation Name
GREENVIEW AT DOVER COMMUNITY ASSOCIATION, INC.

Principal Place of Business P O BOX 571027 ORLANDO FL 32857-1027 US	Mailing Address P.O. BOX 571027 ORLANDO FL 32857-8027
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/09/1982
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2421790
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip
30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

~~—KERNEY, SHERI—
 —1145 PALADIN COURT—
 —ORLANDO FL 32812—~~

10. Name and Address of New Registered Agent

81. Name	WALKER, SHARON
82. Street Address (P.O. Box Number is Not Acceptable)	969 LENMORE COURT
83.	
84. City	ORLANDO
85. Zip Code	FL 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 Sharon Walker SHARON WALKER, PRESIDENT 4/26/99
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	GROMLICH, CHERYL—
STREET ADDRESS	1010 PALADIN CT—
CITY-ST-ZIP	ORLANDO FL—
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	HARDESTY, LINDA—
STREET ADDRESS	919 LENMORE COURT—
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	THOMPSON, PERRY—
STREET ADDRESS	870 LENMORE COURT—
CITY-ST-ZIP	ORLANDO FL—
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BEAL, MATT—
STREET ADDRESS	1160 PALADIN COURT—
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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOLICK, CHARLES
1.3 STREET ADDRESS	900 LENMORE COURT
1.4 CITY-ST-ZIP	ORLANDO, FL 32812
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILSON, ANNETTE
2.3 STREET ADDRESS	949 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	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WADLEY, DIANE
4.3 STREET ADDRESS	968 LENMORE COURT
4.4 CITY-ST-ZIP	ORLANDO, FL 32812
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SIMMONS, MARCIE
5.3 STREET ADDRESS	875 LENMORE 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 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.

SIGNATURE: DIANE WADLEY SIGNATURE REQUIRED DIANE WADLEY, TREASURER 4/26/99 407-855-7604
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)