

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 10, 2005  
Secretary of State**

DOCUMENT# 765696

Entity Name: GREENVIEW AT DOVER COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 571027  
ORLANDO, FL 328571027 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 571027  
ORLANDO, FL 328578027

**New Mailing Address:**

FEI Number: 59-2421790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLIHAN, RANDY  
1120 PALADIN CT.  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHAEFER, MARK  
Address: 1190 PALADIN CT.  
City-St-Zip: ORLANDO, FL 32812

Title: SD (X) Delete  
Name: CRAIG, PAULA  
Address: 1000 LENMORE CT  
City-St-Zip: ORLANDO, FL 32812

Title: VD (X) Delete  
Name: MORAN, SHARON  
Address: 1159 PALADIN COURT  
City-St-Zip: ORLANDO, FL 32812

Title: TD ( ) Delete  
Name: HOLIHAN, RANDY  
Address: 1120 PALADIN CT.  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SCHAEFER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/10/2005

\_\_\_\_\_  
Date