2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 8:00 am Secretary of State 01-19-2007 90019 031 ****61.25

DOCUMENT # 765696 1. Entity Name GREENVIEW AT DOVER COMMUNITY ASSOCIATION, INC.							-					4.4	
Principal Place of Business P 0 80X 571027 ORLANDO, FL 32857-1027 US				Mailing Address P.O. BOX 571027 ORLANDO, FL 32857-8027				j 	I BINDI ONKO DEID 1				1111 11 1 12 11111
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01132007	Chg-NP		CR2E03	7 (12/06)	
City & State			City & State					4. FEI Number 59-242					pplied For ot Applicable
Zip Country		Zip		Соц	Country		5. Certificate	of Status Desi	ired		8.75 Ad ee Require		
	6. Name	and Address of Curren	t Register	ed Agent				7. Name and	Address of N	tew Reg	sistered A	gent	
HOLIHAN, 1120 PALA	ADIN CT.	42						er, Shar P.O. Box Numb Lenmore		ptable)			
ORLANDO), FL 320	12				City					-	Zin Cod	de o
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	named entit tions of regis	ty submits this statement f stered agent.	for the purp	pose of changing its r	egister	ed office o	r register	red agent, or bo	th, in the State	of Florid	da. I am fa	amiliar with,	, and accept
SIGNATURE		on Walker, Pr		_	Sha Registere	W Id Agent signal	Lure required	Nauko-			1-13-	-07	
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	_	e is \$61.25 Way 1, 2007		9. Election Carn Trust Fund Co				\$5.00 May B	Je			payable t	
10.	Due by N		HRECTORS	Trust Fund Co				\$5.00 May B		Florid	a Depart	ment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE:

Perry R. Thompson, Treasurer

O1/13/07

407-849-1569

Date

Date

Daytime Phone #