


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90019 031 \*\*\*\*61.25

<b>DOCUMENT # 765696</b> 1. Entity Name <b>GREENVIEW AT DOVER COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>P O BOX 571027 ORLANDO, FL 32857-1027 US</b>				Mailing Address <b>P.O. BOX 571027 ORLANDO, FL 32857-8027</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOLIHAN, RANDY 1120 PALADIN CT. ORLANDO, FL 32812</b>				Name <b>Walker, Sharon</b> Street Address (P.O. Box Number is Not Acceptable) <b>969 Lenmore Court</b>  City <b>Orlando</b> <b>FL</b> Zip Code <b>32812</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><b>Sharon Walker, President</b></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALKER, SHARON</b>		NAME		
STREET ADDRESS	<b>969 LENMORE COURT</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ORLANDO, FL 32812</b>		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLIHAN, RANDY</b>		NAME		
STREET ADDRESS	<b>1120 PALADIN CT.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ORLANDO, FL 32812</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Thompson, Perry</b>	
STREET ADDRESS			STREET ADDRESS	<b>870 Lenmore Court</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>Orlando, FL 32812</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u><b>Perry R. Thompson</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/13/07 407-849-1569 <small>Date Daytime Phone #</small>		