

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765696

FILED
Feb 19, 2008
Secretary of State

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:

969 LENMORE COURT
ORLANDO, FL 32812 US

Current Mailing Address:

P.O. BOX 571027
ORLANDO, FL 328578027

New Mailing Address:

P O BOX 571027
ORLANDO, FL 328571027 US

FEI Number: 59-2421790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, SHARON 9
969 LENMORE COURT
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

WALKER, SHARON
969 LENMORE COURT
ORLANDO, FL 32812 US

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: SHARON WALKER

02/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, SHARON
Address: 969 LENMORE COURT
City-St-Zip: ORLANDO, FL 32812

Title: TD () Delete
Name: THOMPSON, PERRY
Address: 870 LENMORE COURT
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PERRY R THOMPSON

TD

02/19/2008

Electronic Signature of Signing Officer or Director

Date