

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766992

FILED
Mar 03, 2009
Secretary of State

Entity Name: DOVE'S NEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2318947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 327795044 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: VD () Delete
Name: SIDSWORTH, HOWARD
Address: 16472 TIMBERLAKES DR., #102
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: HAMLIN, DOROTHY
Address: 16472 TIMBERLAKES DR #203
City-St-Zip: FORT MYERS, FL 33908

Title: STD () Delete
Name: TREGLOWN, DAVID
Address: 16478 TIMBERLAKES DR., #204
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: MARION, RUSSELL
Address: 16466 TIMBERLAKES DR., #104
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: TRUE, JAMES
Address: 143 PINELOCK DR
City-St-Zip: PORTLAND, ME 04103

Title: D () Delete
Name: HARTMAN, CHUCK
Address: 16460 TIMBERLAKES DR #203
City-St-Zip: FORT MYERS, FL 33908

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:

Title: D (X) Change () Addition
Name: HOLLACK, ROBERT
Address: 155 WINTERWOOD DR
City-St-Zip: BUTLER, PA 16001

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: DOROTHY HAMLIN

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date