

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770734 (2)

1. Corporation Name

WILD DOVE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

4810 WILD DOVE LANE  
SARASOTA FL 34232

Mailing Address

4810 WILD DOVE LANE  
SARASOTA FL 34232



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

MILLER, ELLIS L  
4825 WILD DOVE LANE  
SARASOTA FL 33582

3. Date Incorporated or Qualified  
10/13/1983

3a. Date of Last Report  
06/12/1995

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81

Name Greg Penix

82

Street Address (P.O. Box Number is Not Acceptable)

83

4834 Wild Dove Lane

84

City Sarasota

FL

85

Zip Code

34232

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

15 July 96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRAY, JERRY  
STREET ADDRESS 4825 WILD DOVE DR.  
CITY-ST-ZIP SARASOTA FL 34232

DELETE

TITLE VD  
NAME HARRISON, SALLY  
STREET ADDRESS 4868 WILD DOVE DR.  
CITY-ST-ZIP SARASOTA FL 34232

DELETE

TITLE T  
NAME VOKUS, TERI  
STREET ADDRESS 4810 WILD DOVE DR.  
CITY-ST-ZIP SARASOTA FL 34232

DELETE

TITLE SD  
NAME GRAY, CECELIA  
STREET ADDRESS 4811 WILD DOVE LN.  
CITY-ST-ZIP SARASOTA FL 34232

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Greg Penix  
1.3 STREET ADDRESS 4834 Wild Dove Ln  
1.4 CITY-ST-ZIP Sarasota, FL 34232

Change Addition

2.1 TITLE VD  
2.2 NAME Willis Mullett  
2.3 STREET ADDRESS 4856 Wild Dove Ln  
2.4 CITY-ST-ZIP Sarasota, FL 34232

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

800001913658  
-08/06/96--01074--043  
\*\*\*61.25

8/6/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 July 96

941-377-3425

CR2E037 (3/96)