

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 19, 2001 08:00 AM****Secretary of State****DOCUMENT # 770734**

1. Entity Name

WILD DOVE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4810 WILD DOVE LANE

4810 WILD DOVE LANE

SARASOTA

FL

SARASOTA

FL

34232

34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENIX, GREG

4834 WILD DOVE LANE

SARASOTA

FL

34232

US

Name

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

City

FL

Zip Code

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.

SIGNATURE **TERI VOKUS****06/19/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SD	GRAY, CECELIA	4811 WILD DOVE LN.	SARASOTA FL 34232	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	VOKUS, TERI	4810 WILD DOVE DR.	SARASOTA FL 34232	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	MULLETT, WILLIS	4856 WILD DOVE DR.	SARASOTA FL 34232	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	PENIX, GREG	4834 WILD DOVE DR.	SARASOTA FL 34232	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Teri Vokus

T

06/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)