


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 770734' 1. Entity Name WILD DOVE ESTATES PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4810 WILD DOVE LANE SARASOTA, FL 34232	Mailing Address 4810 WILD DOVE LANE SARASOTA, FL 34232
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07082004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent PENIX, GREG 4834 WILD DOVE LANE SARASOTA, FL 34232	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____	

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000166162
07/14/04-80005-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENIX, GREG 4834 WILD DOVE DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLETT, WILLIS 4856 WILD DOVE DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOKUS, TERI 4810 WILD DOVE DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY,, CECELIA 4811 WILD DOVE LN. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 July 04

Date

941-377-6775

Daytime Phone #

8215