


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 770734

1. Entity 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
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-NP CR2E037 (10/03)

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

**PENIX, GREG
 4834 WILD DOVE LANE
 SARASOTA, FL 34232**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 7, 2005**

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

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	

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U00000372497
 07/13/05-80003-009 61.25

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 all other like empowered.

SIGNATURE: Teri Vokus Teri VOKUS 10 July 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #