

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2006 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**



05192006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000566847
06/06/06-80003-010 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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 May 06

941 3773425