

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770734

FILED
Jan 28, 2008
Secretary of State

Entity Name: WILD DOVE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4810 WILD DOVE LANE
SARASOTA, FL 34232

New Principal Place of Business:

4811 WILD DOVE LANE
SARASOTA, FL 34232 US

Current Mailing Address:

4810 WILD DOVE LANE
SARASOTA, FL 34232

New Mailing Address:

4811 WILD DOVE LANE
SARASOTA, FL 34232 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOKUS, TERI
4810 WILD DOVE LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

DAVIE, CECELIA G
4811 WILD DOVE LANE
SARASOTA, FL 34232 US

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: CECELIA DAVIE

01/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PENIX, GREG,
Address: 4834 WILD DOVE DR.
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: MULLETT, WILLIS,
Address: 4856 WILD DOVE DR.
City-St-Zip: SARASOTA, FL 34232

Title: T () Delete
Name: VOKUS, TERI,
Address: 4810 WILD DOVE DR.
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: GRAY, CECELIA
Address: 4811 WILD DOVE LN.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: DAVIE, CECELIA,
Address: 4811 WILD DOVE LANE
City-St-Zip: SARASOTA, FL 34232 US

Title: PD (X) Change () Addition
Name: MILLER, ELLIS
Address: 4825 WILD DOVE LANE
City-St-Zip: SARASOTA, FL 34232 US

Title: VP (X) Change () Addition
Name: BUCK, JEFFREY
Address: 4844 WILD DOVE LANE
City-St-Zip: SARASOTA, FL 34232 US

Title: SD (X) Change () Addition
Name: HARRISON, SALLY
Address: 4868 WILD DOVE LANE
City-St-Zip: SARASOTA, FL 34232 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA DAVIE

TD

01/28/2008

Electronic Signature of Signing Officer or Director

Date