2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 770734

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

Current Principal Place of Business:

4811 WILD DOVE LANE
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

4811 WILD DOVE LANE
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 37-1545046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change ( ) Addition
Name: ROBERTS, ELLEN
Address: 4806 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 G. DAVIE T 03/19/2009

Electronic Signature of Signing Officer or Director — Date