## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N00000004906 1. Entity Name 04-24-2006 90453 003 \*\*\*\*61.25 DOVE SPORTSMAN CLUB, INC. Principal Place of Business Mailing Address 4411 N.W. 18TH PLACE GAINESVILLE FL 32605 4411 N.W. 18TH PLACE GAINESVILLE FL 32605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3662327 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OEHMIG, EDWARD W Street Address (P.O. Box Number is Not Acceptable) 4411 N.W. 18TH PLACE GAINESVILLE FL 32605 Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10 ÓFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete TITLE ☐ Change ☐ Addition OEHMIG, EDWARD W NAME NAME 4411 N.W. 18TH PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32605 CHY-ST-7IP CITY-ST-7IP 1-PRES, TITLE **Delete** TITLE NAME CURTIS, RYAN 12104 NW. 15 LANE NAME STREET ADDRESS STREET ADDRESS CYAINESVILLE FL 32602 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ■ Addition WATSON, ROBERT F NAME NAME STREET ADDRESS 1910 N.W. 23RD TERRACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 in 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP