2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 28, 2007 08:00 AN DOCUMENT # N00000004906 1. Entity Name **Secretary of State** 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-3662327 Not Applicable Country Country Zio Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OEHMIG, EDWARD W Street Address (P.O. Box Numbor is Not Acceptable) 4411 N.W. 18TH PLACE **GAINESVILLE FL 32605** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. HILE Change ☐ Addition IIILE Delete U00000681697 MAME OEHMIG, EDWARD W NALAE 04/04/07-80055-005 61.25 STREET ADDRESS STREET ADDRESS 4411 N.W. 18TH PLACE CITY-S1-ZIP CITY - ST-ZIP **GAINESVILLE FL 32605** Delete ☐ Change Addition MILE MARAE NAME WATSON, ROBERT F STREET ADDRESS STREET ADDRESS 1910 N.W. 23RD TERRACE CITY ST-ZIP CITY-ST ZIP **GAINESVILLE FL 32605** Delete 3111 ☐ Change ☐ Addition TITLE ۷P NAME NAME CURTIS, RYAN STREET ADDRESS STREET ADDRESS 12104 NW 1ST LANE CITY SI-ZIP CITY - ST - ZIP GAINESVILLE FL 32606 MILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY-ST-ZIP ☐ Addition 31115 ☐ Delete NAME NAME STREET ADDRESS STRUCT ADDRESS CITY-ST-ZIP CRTY-ST-ZIP ☐ Change ☐ Addition IN Delete TITLE NAME NALIF STREET ADDRESS STRITT ADDRESS CITY SI-ZIP CITY - ST - ZIP 12. I horeby 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 eath, 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, where like empowered.

FILED

SIGNATURE: John W. OEHMIG 3/2607 352-372-372-2