

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

3/1

03-12-2003 90134 041 ****70.00

DOCUMENT # N01000002400

1. Entity Name

DOVE KEY I RESIDENCES ASSOCIATION, INC.



Principal Place of Business

1314 E LAS OLAS BLVD STE 333
FT LAUDERDALE FL 33301

Mailing Address

1314 E LAS OLAS BLVD STE 333
FT LAUDERDALE FL 33301

2. Principal Place of Business

1112 SW 9th AVE

3. Mailing Address

1112 SW 9th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUD, FL.

City & State

FT. LAUD FL

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, WILLIAM M
1314 E LAS OLAS BLVD STE 333
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROGERS, WILLIAM M**
STREET ADDRESS **1314 E LAS OLAS BLVD STE 333**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **D** ☒ Delete
NAME **ROGERS, PAUL R**
STREET ADDRESS **2020 SW 58 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33317**

TITLE **D** ☒ Delete
NAME **MINER, CINDY**
STREET ADDRESS **4710 SW 61 AVE**
CITY-ST-ZIP **DAVE FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☒ Addition
NAME **MARK TYSON Pres.**
STREET ADDRESS **857 SW 11th CT**
CITY-ST-ZIP **FT. LAUD, FL - 33317**

TITLE **D** ☒ Change ☒ Addition
NAME **SUZANNE PELICCI**
STREET ADDRESS **1112 SW 9th AVE**
CITY-ST-ZIP **FT. LAUD, FL - 33317**

TITLE **D** ☒ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **MELODIE SHAMIE**
CITY-ST-ZIP **1106 SW 9th AVE**
FT. LAUD, FL - 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/7/03 (954) 524-7665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)