

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90226 024 ****61.25

DOCUMENT # N01000003196			
1. Entity Name DOVEFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2240 DOVE FIELD DR. PENSACOLA, FL 32534		Mailing Address 2240 DOVE FIELD DR. PENSACOLA, FL 32534	
2. Principal Place of Business 2140 DOVEFIELD DR Suite, Apt. #, etc.		3. Mailing Address 2140 DOVEFIELD DR Suite, Apt. #, etc.	
City & State PENSACOLA FL Zip 32534 Country		City & State PENSACOLA FL Zip 32534 Country	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LITTON, STEVEN 2240 DOVEFIELD DR. PENSACOLA, FL 32534		7. Name and Address of New Registered Agent Name <u>BRIAN K HARRIS</u> Street Address (P.O. Box Number is Not Acceptable) 2140 DOVEFIELD DR City <u>PENSACOLA</u> <u>FL</u> Zip Code <u>32534</u>	
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 <u>Brian K Harris</u> <u>BRIAN K HARRIS</u> <u>secretary/treasurer</u> <u>4/28/06</u> <small>(NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LITTON, STEVEN STREET ADDRESS 2240 DOVEFIELD DR. CITY-ST-ZIP PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete	TITLE PD NAME ROBERT SUHR HEINRICH STREET ADDRESS 2135 DOVEFIELD DR CITY-ST-ZIP PENSACOLA FL 32534	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME HARRIS, BRIAN STREET ADDRESS 2140 DOVEFIELD DR. CITY-ST-ZIP PENSACOLA, FL 32534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SCHUTZ, ROBERT STREET ADDRESS 2085 DOVEFIELD DRIVE CITY-ST-ZIP PENSACOLA, FL 32534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: <u>Brian K Harris</u> <u>BRIAN K HARRIS</u>		<u>4/28/06</u> <small>Date</small>	<u>(850) 529-4930</u> <small>Daytime Phone #</small>