

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90072 022 ****61.25

DOCUMENT # N01000003196

1. Entity Name
DOVEFIELD ESTATES HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
2140 DOVEFIELD DR
PENSACOLA, FL 32534

Mailing Address
2140 DOVEFIELD DR
PENSACOLA, FL 32534

40041671



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, BRIAN K
2140 DOVEFIELD DR
PENSACOLA, FL 32534

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEINRICH, ROBERT S
STREET ADDRESS 2135 DOVEFIELD DR
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE STD
NAME HARRIS, BRIAN
STREET ADDRESS 2140 DOVEFIELD DR.
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE SD
NAME SCHUTZ, ROBERT
STREET ADDRESS 2085 DOVERFIELD DRIVE
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Brian K Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian K Harris Treasurer 3/14/07 (850) 529-4938