

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90024 022 ****61.25

DOCUMENT # N03000007625

1. Entity Name
**DOVER SHORES-EAST NEIGHBORHOOD ASSOCIATION,
INCORPORATED**



Principal Place of Business Mailing Address
781 MARSCASTLE AVE 781 MARSCASTLE AVE
ORLANDO, FL 32807-1026 ORLANDO, FL 32807-1026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2986677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, PAUL
2219 S WESTMORELAND DR
ORLANDO, FL 32805-5360

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **SELCH, ROGER**
STREET ADDRESS **781 MARSCASTLE AVE**
CITY-ST-ZIP **ORLANDO, FL 328071026**

TITLE **P** ☒ Change ☐ Addition
NAME **Jennifer Hitchcock**
STREET ADDRESS **722 Adirondack Ave**
CITY-ST-ZIP **Orlando, FL 32807**

TITLE **V** ☒ Delete
NAME **HITCHCOCK, JENNIFER L**
STREET ADDRESS **722 ADIRONDACK AVE**
CITY-ST-ZIP **ORLANDO, FL 328071206**

TITLE **M** ☒ Change ☐ Addition
NAME **ROGER SELCH**
STREET ADDRESS **781 MARSCASTLE AVE**
CITY-ST-ZIP **ORLANDO FL 32807 1026**

TITLE **S** ☒ Delete
NAME **SWANSON, FRANK**
STREET ADDRESS **700 ADIRONDACK AVE**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **S** ☒ Change ☐ Addition
NAME **Secretary Margaret S. Wiggins**
STREET ADDRESS **4610 Fontana St.**
CITY-ST-ZIP **Orlando, FL 32807-1006**

TITLE **T** ☒ Delete
NAME **HOLTON, TINA**
STREET ADDRESS **4619 FONTANA STREET**
CITY-ST-ZIP **ORLANDO, FL 328071005**

TITLE **T** ☒ Change ☐ Addition
NAME **SARA J. SMITH**
STREET ADDRESS **800 ADIRONDACK AVE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **M** ☐ Delete
NAME **RICH, MORRIS**
STREET ADDRESS **4435 FONTANA ST**
CITY-ST-ZIP **ORLANDO, FL 328071001**

TITLE ☐ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **4610 FONTANA ST**
CITY-ST-ZIP **ORLANDO, FL 32807-1006**

TITLE **S** ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **4610 FONTANA ST**
CITY-ST-ZIP **ORLANDO, FL 32807-1006**

TITLE **M** ☐ Change ☒ Addition
NAME **FABIAN HOLE**
STREET ADDRESS **4700 FONTANA AVE**
CITY-ST-ZIP **ORLANDO, FL 32807**

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 all other like empowered.

SIGNATURE: *Jennifer Hitchcock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/05 407-836-9501
Date Daytime Phone #