## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300007625  1. Entity Name DOVER SHORES-EAST NEIGHBORHOOD ASSOCIATION, INCORPORATED							<b>ry U1 S</b> 0024 022 ***	
Principal Place of Business Mailing Address 781 MARSCASTLE AVE 781 MARSCASTLE AVE ORLANDO, FE 32807-1026からからからからからからできない。 いったいない。これでは、これでは、これでは、これでは、これでは、これでは、これでは、これでは、				कु रहा । हिंद १२ ह				
2. Principal Place of Business		3. Mailing Address				<b>. </b>	BIN BAND IBBIA BING NGA	E     2 : 11  12
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232005 C	hg-NP	CR2E037 (10/03	)
City & State		City & State		1	4. FEI Number Applied For 59-2986677 Not Applicable			
Zip	Country	Zip · - ·	Country	. 5	. Certificate of S	tatus Desired	\$8.75 A	
	6. Name and Address of Current F	Registered Agent	•	7	. Name and Add	iress of New Reg	Istered Agent	
			Name	-				,
COOK, PAUL 2219 S WESTMORELAND DR ORLANDO, FL 32805-5360			Street A	Street Address (P.O. Box Number is Not Acceptable)				
OKLANDO	7, FL 32805-3360	*	,	٠.				
		•••	City		· · · · · ·		FL Zip C	ode
	named entity submits this statement for tions of registered agent.	the purpose of changing its re-	gistered office or	registered	agent, or both, in	the State of Floric	la. I am familiar wi	th, and accept
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SIGNATURE.	-			· ·				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent eignati	ure required who	en reinstating)		DATE	
SIGNATURE.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25  Due by May 1, 2005	9. Election Campa Trust Fund Con	aign Financing	_ `\$	5.00 May Be	1	DATE te check payable a Department of	
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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: SIGNATURE AND TOPED ON PRINTED NAME OF BIGNANG OFFICER OR DIRECTO

23/05 407-836-950