2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90307 014 ****61.25

DOCUMENT # N03000007625

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

Principal Place of Business	Mailing Address
722 ADIRONDACK AVE ORLANDO, FL 32807	722 ADIRONDACK AVE ORLANDO, FL 32807

04032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
4520 Loring Place Suite, Apt. #, etc.	4409 Hoffner Ave, #101 Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32812 Country: USA	Zip: 32812 Country: USA

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: Larry Taylor Street Address (P.O. Box Number is Not Acceptable): 4520 LORING PLACE City: ORLANDO FL Zip Code: 32812

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 _____ 4/8/06
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, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HITCHCOCK, JENNIFER 722 ADIRONDACK AVE ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Evan Oberly 4530 Loring Place Orlando, FL 32812 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SELCH, ROGER 781 MARSCASTLE AVE ORLANDO, FL 328071206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WIGGS, MARGARET S 4610 FONTANA ST ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Larry Taylor 4520 Loring Place Orlando, FL 32812 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, SARA I 800 ADIRONDACK AVE ORLANDO, FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Susan Taylor 4520 Loring Place Orlando, FL 32812 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M RICH, MORRIS 4435,FONTANA ST ORLANDO, FL 328071001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Heather Oberly 4530 Loring Place Orlando FL 32812 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M HOULE, FABIEN 4700 FONTANA ST ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Dan Samatulski 4413 Jamerson Place Orlando, FL 32807 — ☐ Change ☒ 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: _____ 4/8/06 (407) 207-4498
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #