

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90307 014 \*\*\*\*61.25

|                                                                               |  |                                                                                   |
|-------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000007625</b>                                                |  |  |
| 1. Entity Name<br>DOVER SHORES-EAST NEIGHBORHOOD ASSOCIATION,<br>INCORPORATED |  |                                                                                   |

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>722 ADIRONDACK AVE<br>ORLANDO, FL 32807 | Mailing Address<br>722 ADIRONDACK AVE<br>ORLANDO, FL 32807 |
|------------------------------------------------------------------------|------------------------------------------------------------|



|                                                                            |                                                                     |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business<br>4520 Loring Place<br>Suite, Apt. #, etc. | 3. Mailing Address<br>4409 Hoffman Ave, #101<br>Suite, Apt. #, etc. |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|

04032006 Chg-NP CR2E037 (11/05)

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>Orlando, FL | City & State<br>Orlando, FL |
|-----------------------------|-----------------------------|

|                             |                                 |
|-----------------------------|---------------------------------|
| 4. FEI Number<br>59-2986677 | Applied For -<br>Not Applicable |
|-----------------------------|---------------------------------|

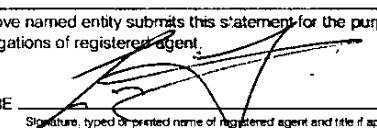
|              |                |              |                |
|--------------|----------------|--------------|----------------|
| Zip<br>32812 | Country<br>USA | Zip<br>32812 | Country<br>USA |
|--------------|----------------|--------------|----------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

|                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>COOK, PAUL<br>2219 S WESTMORELAND DR<br>ORLANDO, FL 32805-5360 |  |
|-----------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Larry Taylor<br>Street Address (P.O. Box Number is Not Acceptable)<br>4520 LORING PLACE<br>City<br>ORLANDO<br>FL<br>Zip Code<br>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.

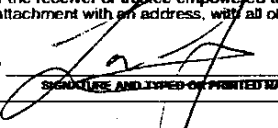
SIGNATURE  DATE 4/8/06  
(NOTE: Registered Agent signature required when reinstating)

|                                             |                                                                                     |                                |                                                      |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HITCHCOCK, JENNIFER<br>722 ADIRONDACK AVE<br>ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>SELCH, ROGER<br>781 MARSCASTLE AVE<br>ORLANDO, FL 328071206 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WIGGS, MARGARET S<br>4610 FONTANA ST<br>ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SMITH, SARA I<br>800 ADIRONDACK AVE<br>ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>RICH, MORRIS<br>4435 FONTANA ST<br>ORLANDO, FL 328071001 <input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>HOULE, FABIEN<br>4700 FONTANA ST<br>ORLANDO, FL 32807 <input type="checkbox"/> Delete                     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                         |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice President<br>Evan Oberly<br>4530 Loring Place<br>Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>Larry Taylor<br>4520 Loring Place<br>Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Secretary<br>Susan Taylor<br>4520 Loring Place<br>Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer<br>Heather Oberly<br>4530 Loring Place<br>Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Board Member<br>Dan Samatolski<br>4413 Jamerson Place<br>Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" 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:  DATE 4/8/06 (407) 207-4498  
DAYTIME PHONE #