

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007625

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** DOVER SHORES-EAST NEIGHBORHOOD ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

4700 FONTANA STREET  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

4700 FONTANA STREET  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 59-2986677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOULE, FABIEN  
4700 FONTANA STREET  
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HITCHCOCK, JENNIFER  
Address: 722 ADIRONDACK AVE  
City-St-Zip: ORLANDO, FL 32807

Title: MEM ( ) Delete  
Name: SELCH, ROGER  
Address: 781 MARSCASTLE AVE  
City-St-Zip: ORLANDO, FL 328071206

Title: TRES ( ) Delete  
Name: WELLEN, JILL  
Address: 4401 ELAINE PLACE  
City-St-Zip: ORLANDO, FL 32812

Title: SEC ( ) Delete  
Name: FEGEBANK, MARY  
Address: 4613 WAYFARER  
City-St-Zip: ORLANDO, FL 32807

Title: PRES ( ) Delete  
Name: HOULE, FABIEN  
Address: 4700 FONTANA STREET  
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: OBERLY, EVAN  
Address: 4530 LORING PLACE  
City-St-Zip: ORLANDO, FL 32807

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: THOMAS, ELIZABETH  
Address: 4521 ELAINE PLACE  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIEN HOULE, II

PRES

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date