

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007625

FILED
Jul 11, 2009
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:

JARMAN, KEN
4406 WAYFARER PLACE
ORLANDO, FL 32807 US

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: KEN JARMAN

07/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: OBERLY, EVAN
Address: 4530 LORING PLACE
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: THOMAS, ELIZABETH
Address: 4521 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JARMAN, KEN
Address: 4406 WAYFARER PLACE
City-St-Zip: ORLANDO, FL 32807

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

Title: TRES (X) Change () Addition
Name: SPROUSE, SHARON
Address: 4707 ELAINE PLACE
City-St-Zip: ORLANDO, FL 32812

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

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

Title: MEM () Change (X) Addition
Name: HOLTON, TINA
Address: 4619 FONTANA STREET
City-St-Zip: ORLANDO, FL 32807

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: KEN JARMAN

VP

07/11/2009

Electronic Signature of Signing Officer or Director

Date