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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23213 (4)
 1. Corporation Name
DOVER LANDING HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business PO BOX 30282 PENSACOLA FL 32503	Mailing Address PO BOX 30282 PENSACOLA FL 32503-1282
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 10/28/1987	3a. Date of Last Report 04/11/1996
4. FEI Number 59-2971722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GUELPA, SUZANNE
3313 BERKSHIRE CT
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Jonathan D. Green* **TREASURER** DATE: **2/28/97**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GUELPA, SUZANNE
STREET ADDRESS	3313 BERKSHIRE CT
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	HAYNES, BUTCH
STREET ADDRESS	4284 BRIGHTON DR
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	TD <input type="checkbox"/> DELETE
NAME	GREEN, JONATHAN
STREET ADDRESS	3320 TOMPKINS ST
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	RIGGS, JASON
STREET ADDRESS	3310 NEW HOPE RD.
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	D <input type="checkbox"/> DELETE
NAME	KNOWLES, RALPH
STREET ADDRESS	3300 TOMPKINS ST
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	<i>J.D.</i> <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MERRITT, CHIP
1.3 STREET ADDRESS	3331 BERKSHIRE CT
1.4 CITY-ST-ZIP	PENSACOLA, FL 32504
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GUELPA, RANDAL
2.3 STREET ADDRESS	3313 BERKSHIRE CT
2.4 CITY-ST-ZIP	PENSACOLA, FL 32504
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ERIC SHAW SHAW, ERIC
4.3 STREET ADDRESS	4140 BRIGHTON DR.
4.4 CITY-ST-ZIP	PENSACOLA FL 32504
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002130508
5.3 STREET ADDRESS	-04/01/97--01066--033
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SPARKS, JACK
6.3 STREET ADDRESS	3341 TOMPKINS ST.
6.4 CITY-ST-ZIP	PENSACOLA, FL 32504

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Jonathan D. Green* DATE: **3/29/97** 904-469-9644

CR2E037 (9/96)