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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90243 037 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23213**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/28/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2971722
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**GREEN, JONATHAN**  
**3320 TOMPKINS STREET**  
**PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MERRITT, CHIP	
STREET ADDRESS	3331 BERKSHIRE COURT	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPARKS, JACK	
STREET ADDRESS	3341 TOMPKINS STREET	
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 type="checkbox"/> DELETE
NAME	SHAW, ERIC	
STREET ADDRESS	4140 BRIGHTON DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUELPA, RANDAL	
STREET ADDRESS	3313 BERKSHIRE COURT	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, HERBERT	
STREET ADDRESS	3361 TOMPKINS ST	
CITY-ST-ZIP	PENSACOLA FL 32504	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOWLER, HERBERT	
1.3 STREET ADDRESS	3361 TOMPKINS ST.	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JANIE DISHER	
2.3 STREET ADDRESS	4151 BRIGHTON DR.	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WALTER CARLAN	
5.3 STREET ADDRESS	4150 BRIGHTON DR.	
5.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REVONDA STEWART	
6.3 STREET ADDRESS	4201 BRIGHTON DR.	
6.4 CITY-ST-ZIP	PENSACOLA, FL 32504	

14. I 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Green **REQUIRED** 3/08/99 (850)429-0144  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)