

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90057 003 ****61.25

DOCUMENT # N23213

1. Entity Name

DOVER LANDING HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

PO BOX 30282
 PENSACOLA FL 32503

PO BOX 30282
 PENSACOLA FL 32503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2971722

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISHER, JANE A
4151 BRIGHTON DRIVE
PENSACOLA FL 32504

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Jane A Disher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/6/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOTLARZ, JACK	
STREET ADDRESS	4131 BRIGHTON DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEALL, FRANK	
STREET ADDRESS	4248 BRIGHTON DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DISHER, JANE A	
STREET ADDRESS	4151 BRIGHTON DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARRY	
STREET ADDRESS	3820 TOMPKINS ST	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLAN, WALTER	
STREET ADDRESS	4150 BRIGHTON DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, REVONDA	
STREET ADDRESS	4281 BRIGHTON DR	
CITY-ST-ZIP	PENSACOLA FL 32504	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Jane A Disher* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/6/02 Date *850-434-7604* Daytime Phone #

CR2E037 (9/01)