


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N23213 1. Entity Name DOVER LANDING HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.	
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Principal Place of Business PO BOX 30282 PENSACOLA, FL 32503	Mailing Address PO BOX 30282 PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2971722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KERI LITTON 4296 BRIGHTON DRIVE PENSACOLA, FL 32504	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: SD NAME: WIGGINS, LAURA STREET ADDRESS: 3361 TOMPKINS ST. CITY-ST-ZIP: PENSACOLA, FL 32504	000000185871 01/21/05-80033-003 61.25 DO NOT WRITE IN THIS SPACE
TITLE: VD NAME: BEALL, FRANK STREET ADDRESS: 4248 BRIGHTON DRIVE CITY-ST-ZIP: PENSACOLA, FL 32504	
TITLE: TD NAME: LITTON, KERI STREET ADDRESS: 4296 BRIGHTON CITY-ST-ZIP: PENSACOLA, FL 32504	
TITLE: PD NAME: WILLIAMS, MARRY STREET ADDRESS: 3820 TOMPKINS ST CITY-ST-ZIP: PENSACOLA, FL 32504	
TITLE: D NAME: LOPEZ, DANNY STREET ADDRESS: 4160 BEIGHTON DRIVE CITY-ST-ZIP: PENSACOLA, FL 32504	
TITLE: D NAME: LOPEZ, ZILMA STREET ADDRESS: 4160 BIGHTON DRIVE CITY-ST-ZIP: PENSACOLA, FL 32504	

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: Keri D. Litton, Treasurer Date: 1/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #