

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90019 027 ****70.00

50005048



DOCUMENT # N23213 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2971722	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KERI LITTON 4296 BRIGHTON DRIVE PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name ROGER SLORAHN Street Address (P.O. Box Number is Not Acceptable) 4180 BRIGHTON DR City PENSACOLA FL Zip Code 32504		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIGGINS, LAURA 3361 TOMPKINS ST. PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER LANTZ 3300 NEW HOPE RD PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEALL, FRANK 4248 BRIGHTON DRIVE PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LITTON, KERI 4296 BRIGHTON PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, MARRY 3820 TOMPKINS ST PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, DANNY 4160 BEIGHTON DRIVE PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGER SLORAHN 4180 BRIGHTON DR PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ZILMA 4160 BIGHTON DRIVE PENSACOLA, FL 32504 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY SLORAHN 4180 BRIGHTON DR PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/20/06 850-477-0588 _____ Date Daytime Phone #		

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ATTACHMENT

PAGE 2/2

ADDITIONAL DIRECTORS

50005048

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1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-2971722

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERI LITTON
4296 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. 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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME WIGGINS, LAURA ☐ Delete
STREET ADDRESS 3361 TOMPKINS ST.
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE D
NAME JUDY FIELDER ☐ Change ☒ Addition
STREET ADDRESS 3319 BERKSHIRE CRT
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VD
NAME BEALL, FRANK ☐ Delete
STREET ADDRESS 4248 BRIGHTON DRIVE
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE D
NAME GLEN KITIRELL ☐ Change ☒ Addition
STREET ADDRESS 4151 BRIGHTON DR
CITY-ST-ZIP

TITLE TD
NAME LITTON, KERI ☐ Delete
STREET ADDRESS 4296 BRIGHTON
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE PD
NAME WILLIAMS, MARRY ☐ Delete
STREET ADDRESS 3820 TOMPKINS ST
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE D
NAME WENDY KOTLARZ ☐ Change ☒ Addition
STREET ADDRESS 4131 BRIGHTON DR
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE D
NAME LOPEZ, DANNY ☐ Delete
STREET ADDRESS 4160 BEIGHTON DRIVE
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LOPEZ, ZILMA ☐ Delete
STREET ADDRESS 4160 BIGHTON DRIVE
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Roger Slorahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER SLORAHN

3/20/06

850-477-0588

Date

Daytime Phone #