


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.		03082006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2971722	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KERI LITTON 4296 BRIGHTON DRIVE PENSACOLA, FL 32504				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	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGGINS, LAURA		NAME	TYLER LANTZ	
STREET ADDRESS	3361 TOMPKINS ST.		STREET ADDRESS	3300 NEW HOPE RD	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALL, FRANK		NAME		
STREET ADDRESS	4248 BRIGHTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTON, KERI		NAME		
STREET ADDRESS	4296 BRIGHTON		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARRY		NAME		
STREET ADDRESS	3820 TOMPKINS ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, DANNY		NAME	ROGER SLORAHN	
STREET ADDRESS	4160 BEIGHTON DRIVE		STREET ADDRESS	4180 BRIGHTON DR	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, ZILMA		NAME	KELLY SLORAHN	
STREET ADDRESS	4160 BIGHTON DRIVE		STREET ADDRESS	4180 BRIGHTON DR	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	PENSACOLA, FL 32504	
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: <i>Roger Slorahn</i>		3/20/06		850-477-0588	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone #	
ROGER SLORAHN					

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

PAGE 2/2

ADDITIONAL DIRECTORS

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.

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 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	VD BEALL, FRANK 4248 BRIGHTON DRIVE PENSACOLA, FL 32504	<input type="checkbox"/> Delete
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	PD WILLIAMS, MARRY 3820 TOMPKINS ST PENSACOLA, FL 32504	<input type="checkbox"/> Delete
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	D LOPEZ, ZILMA 4160 BIGHTON DRIVE PENSACOLA, FL 32504	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUDY FIELDER 3319 BERKSHIRE CRT PENSACOLA, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLEN KITRELL 4151 BRIGHTON DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WENDY KOTLARZ 4131 BRIGHTON DR PENSACOLA, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Roger Slorahn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER SLORAHN

3/20/06

850-477-0588

Date Daytime Phone #