

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23213

FILED
Apr 28, 2008
Secretary of State

Entity Name: DOVER LANDING HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

PO BOX 30282
PENSACOLA, FL 32503

New Principal Place of Business:

4180 BRIGHTON DR.
PENSACOLA, FL 32503

Current Mailing Address:

PO BOX 30282
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-2971722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLORAHN, ROGER
4180 BRIGHTON DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANTZ, TYLER
Address: 3300 NEW HOPE ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: PD () Delete
Name: BEALL, FRANK
Address: 4248 BRIGHTON DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: EMERSON, RALPH
Address: 3360 NEW HOPE RD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: PECK, CAROLYN
Address: 3301 NEW HOPE RD
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: SLORAHN, ROGER
Address: 4180 BRIGHTON DR
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BUTLER, LEAH
Address: 4151 BRIGHTON DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARLIN, PATTI
Address: 3300 NEW HOPE ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: VP (X) Change () Addition
Name: STEWART, REVONDA
Address: 4281 BRIGHTON DR
City-St-Zip: PENSACOLA, FL 32504

Title: SD (X) Change () Addition
Name: KNO WLES, RALPH
Address: 3300 TOMPKINS ST
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER SLORAHN

TD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date