

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35692

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** DOVER AT WYCLIFFE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3461-B FAIRLANE FARMS RD  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

3461-B FAIRLANE FARMS RD  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0163640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWSOME, JOHN  
3461-B FAIRLANE FARMS RD  
WELLINGTON, FL 33414 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: PD  
Name: LEON, LESHAY DR  
Address: 10095 DOVER CARRIAGE LANE  
City-St-Zip: WELLINGTON, FL 33449

Title: SECD  
Name: GOTTESMAN, ARTHUR  
Address: 10096 DOVER CARRIAGE LANE  
City-St-Zip: WELLINGTON, FL 33449

Title: TRD  
Name: STAR, GAIL  
Address: 10083 DOVER CARRIAGE LANE  
City-St-Zip: WELLINGTON, FL 33449

Title: VPD  
Name: ROTH, STEPHEN  
Address: 10146 DOVER CARRIAGE LANE  
City-St-Zip: WELLINGTON, FL 33449 US

Title: DIR  
Name: BROWN, MARTY  
Address: 10146 DOVER CARRIAGE LANE  
City-St-Zip: WELLINGTON, FL 33449 US

I hereby 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 all other like empowered.

SIGNATURE: DR. LEON LESHAY

PRES

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date