

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37769** (9)

1. Corporation Name

THE COACH HOMES AT DOVER VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2180 W S.R. 434, SUITE 5000
5250 S HWY 17-92
LONGWOOD FL 32779

2180 W S.R. 434, SUITE 5000
5250 S HWY 17-92
LONGWOOD FL 32779

3. Date Incorporated or Qualified
04/20/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3039870

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES, W, JR
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME KRIVAC, ROBERT
STREET ADDRESS 5255-5 WHITSTABLE WAY
CITY-ST-ZIP ORLANDO FL

1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME PLOUGH, JIM
1.3 STREET ADDRESS 5273-2 TUNBRIDGE WELLS LANE
1.4 CITY-ST-ZIP ORLANDO, FL

TITLE VD ☐ DELETE
NAME WYATT, MARY
STREET ADDRESS 2041-6 ENGLISH CHANNAL CT
CITY-ST-ZIP ORLANDO FL

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BENNETT, THERESA
STREET ADDRESS 5374-5 TURNBRIDGE WELLS LANE
CITY-ST-ZIP ORLANDO FL

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD ☒ DELETE
NAME PERITO, STEVEN
STREET ADDRESS 5278-8 WHITSTABLE WAY
CITY-ST-ZIP ORLANDO FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME SULLIVAN, GAIL
4.3 STREET ADDRESS 2082-2 EASTBOURNE WAY
4.4 CITY-ST-ZIP ORLANDO, FL

TITLE D ☐ DELETE
NAME MCNICHOL, PATRICIA
STREET ADDRESS 5282-7 TUNBRIDGE WELLS LANE
CITY-ST-ZIP ORLANDO FL

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-96

352-8131

CR2E037 (12/95)