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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N93000005395 (9)**

1. Corporation Name

DOVER PARC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	*Mailing Address*
% R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 33942-3518	% R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES FL 34104-3518

3. Date Incorporated or Qualified: **11/30/1993**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **65-0418991** ☐ 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

CARROLL, DENNIS
% R & P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES FL 33942-3518

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President PD	☐ Change ☒ Addition
NAME	RICHARD KNOTT		1.2 NAME	John Alcott	
STREET ADDRESS	DOUER PLACE		1.3 STREET ADDRESS	379 Dover Place #601	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, FL 34104	
TITLE	PD	☒ DELETE	2.1 TITLE	V-President VD	☐ Change ☒ Addition
NAME	GROTE, MICHAEL M		2.2 NAME	Ann-Marie Tibaldi	
STREET ADDRESS	2500 NORTH TAMIAMI TRAIL, SUITE 211		2.3 STREET ADDRESS	376 Dover Place #1004	
CITY-ST-ZIP	NAPLES FL 33940		2.4 CITY-ST-ZIP	Naples FL 34104	
TITLE	STD	☒ DELETE	3.1 TITLE	Treasurer TD	☐ Change ☒ Addition
NAME	WHITE, JOHN P		3.2 NAME	Rosemary Marchese	
STREET ADDRESS	2500 NORTH TAMIAMI TRAIL, SUITE 211		3.3 STREET ADDRESS	367 Dover Place #1005	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples FL 34104	
TITLE		☐ DELETE	4.1 TITLE	Secretary SD	☐ Change ☒ Addition
NAME			4.2 NAME	Evelyn Bellman	
STREET ADDRESS			4.3 STREET ADDRESS	396 Dover Place #104	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Naples FL 34104	
TITLE		☐ DELETE	5.1 TITLE	Director D	☐ Change ☒ Addition
NAME			5.2 NAME	Thomas Baron	
STREET ADDRESS			5.3 STREET ADDRESS	367 Dover Place #1006	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Naples FL 34104	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John D Alcott JOHN D ALCOTT 3-10-97 941-643-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059140