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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33942-3518

3. Date Incorporated or Qualified: 11/30/1993

4. FEI Number: 65-0418991 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	~~AKOTT~~, JOHN		1.2 NAME	ALCOTT, JOHN	
STREET ADDRESS	379 DOVER PLACE #601		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	zip 34104	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	~~TIBALDI, ANN MARIE~~		2.2 NAME	KNOTT, RICHARD C	
STREET ADDRESS	~~376 DOVER PLACE #1004~~		2.3 STREET ADDRESS	385 DOVER PLACE #405	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	zip 34104	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARCHESE, ROSE MARY		3.2 NAME		
STREET ADDRESS	367 DOVER PLACE #1005		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	~~BELLMAN, EVELYN~~		4.2 NAME	OLSEN, DOUG	
STREET ADDRESS	~~808 DOVER PL #104~~		4.3 STREET ADDRESS	379 DOVER PLACE #604	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	zip 34104	
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	~~BARCH, THOMAS~~		5.2 NAME	BARON, THOMAS	
STREET ADDRESS	~~367 DOVER PLACE #1006~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	zip 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 (10/97)

14. I 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 Alcott 2/23/98 941-643-3353