FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300005395

1. Corporation Name

DOVER PARC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90130 019 ****61.25



2. Principal P	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed		
114600	Enterprise Aug	26 4600 Enter	-prisa Al	ve 11/30/1993		
Suite, Apt.		Suite, Apt. #, etc.	~	4. FEI Number		lied For
2 SULL	le. <i>A</i>	27 SUITE A		65-0418991		Applicable
City & Stat	е _	City & State 28 MAPIES	FL	5. Certificate of Status Desired	\$8.75 A Fee Red	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00	May Be
24 <i>341</i>	04 [25] U.S.	29 34104 B	U.S.	Trust Fund Contribution	Added to	
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent		
		_	81 Name	Russell Wright		
CARROLL	DENNIS		82 Street Address (P.O. Box Number is Not Acceptable)			
	PROPERTY MANAGEMENT		4600 Enterprise Aue			
	ORT ROAD SOUTH		83	ila 10		i
	FL 33942-3518		84 City	14 14	85 Zip C	nde
				IAPIES. FI	_ 34	107
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named c	orporation submits this statement for the purpose of	f changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	nonzea by the corpor	ation's board of directors. I hereby accept the appo	onunent as reg	istered
•	III lamillat with, and accept the congain	113 01, 0000011 017.00001 11010	a Junios.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature rec			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	ALCOTT, JOHN		1.2 NAME			
STREET ADDRESS	379 DOVER PLACE #601		1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34104		14 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	KNOTT, RICHARD		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			1
CITY-ST-ZIP	NAPLES FL 34104	- · · · · -	2.4 CITY+ST-ZIP			
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	MARCHESE, ROSE MARY		3.2 NAME			
STREET ADDRESS	<u> </u>		3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP			
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	OLSEN. DOUG	1	4. 2 NAME			
STREET ADDRESS		1	4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34104		4.4 CITY-ST-ZIP			
TITLE	D	DELETE		Jim marchese T	Change	☐ Addition
NAME	BARON, THOMAS					
STREET ADDRESS			5.3 STREET ADDRESS	367 Dover DLACE # 1005		
CITY-ST-ZIP	NAPLES FL 34104		5.4 CITY-ST-ZIP	NAPLES, FL 34104		
TITLE	100 200 700 710 7	DELETE	CATITIC	_	Change	Addition
NAME			6.2 NAME	Cecil Williams D		
STREET ADDRESS			6.3 STREET ADDRESS	360 Dover Place #1	304	
SINCE I ADDINESS			6.4 CITY-ST-ZIP	MARINE EL 3410U		
14 I barobu	ertifuthat the information cumulad with	this filing chas not qualify for t	he exemption stated	MADIES, FL 34104 in Section 119.07(3)(i), Florida Statutes, I further co	ertify that the in	formation

Indicated on this annual report or supplied with this limit does not qualify to the exemption stated in Section 17.07(3)(f), is stated stated annual report of supplemental annual reports 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, with all other like empowered.