2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005395

1. Entity Name

DOVER PARC CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90058 029 ****61.25

Principal Place of Business	Mailing Address
4600 ENTERPRISE AVE STE A NAPLES FL 34104	4600 ENTERPRISE AVE STE A NAPLES FL 34104-7014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, RUSSELL 4600 ENTERPRISE AVE STE A NAPLES FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALCOTT, JOHN 379 DOVER PLACE #601 NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KNOTT, RICHARD 385 DOVER PLACE #405 NAPLES FL 34104	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Marie Malebranche 367 Dover Place #1003 Naples, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARCHESE, ROSE MARY 367 DOVER PLACE #1005 NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OLSEN, DOUG 379 DOVER PLACE #604 NAPLES FL 34104	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Don Chiorano 378 Dover Place #701 Naples, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARCHESE, JIM 367 DOVER PL., #1005 NAPLES FL 34104	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, CECIL 360 DOVER PL., #1304 NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☑ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-24-00 434-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #