2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # N93000005395 04-05-2004 90062 013 ****61.25 DOVER PARC CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address -BAYVIEW PROPERY MGMT. 4600 ENTERPRISE AVE. STE A BAYVIEW PROPERY MGMT. 4600 ENTERPRISE AVE. STE A NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0418991 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 4600 ENTERPRISE AVE STE A NAPLES FL 34104 City 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. I am familiar with, and accept the obligations of registered agent. 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 = == Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OALD TITLE ☐ Delete TITLE Change ☐ Addition ALCOTT, JOHN NAME NAME 379 DOVER PLACE #601 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP SD \overline{PD} Change TITLE Delete TITLE ☐ Addition BARON, MAX NAME NAME 367 DOVER PLACE #1006 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP OALD Delete TITLE TITLE Change Addition HUGHES, RICHARD -NAME NAME 378 DOVER PLACE #703 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ŤΩ Change CHIORGNO, DON NAME 378 DOVE PLACE # 701 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE ☐ Change MĂLEBRANCHE, MARIS 3U7 Dover Placi # 1003 MARCHESE, ROSEMARY NAME NAME 367 DOVER PLACE #1005 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP Japles FC 34104 ☐ Delete ☐ Change **X** Addition TITLE TITLE TIBALDI, ANNE MARJE STREET ADDRESS STREET ADDRESS 307 Oover CITY-ST-7IP CITY-ST-ZIP Napri 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.

FILED

Daytime Phone #