2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2005 8:00 am Secretary of State DOCUMENT # N93000005395 1. Entity Name 05-03-2005 90107 015 ****61.25 DOVER PARC CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address BAYVIEW PROPERY MGMT. 4600 ENTERPRISE AVE. STE A NAPLES FL 34104 BAYVIEW PROPERY MGMT. 10010--4600 ENTERPRISE AVE. STE A NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 65-0418991 Not Applicable Zip 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 Name 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, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 11. OALD Change TITLE ☐ Delete TITLE ☐ Addition Alcott, John ALCOTT, JOHN NAME 379 Dover Place #601 379 DOVER PLACE #601 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 Nouples FL. 34104 CITY-ST-ZIP CITY-ST-ZIP PD ☐ Addition Change TOTLE ☐ Delete TITLE BARON, MAX NAME NAME 367 DOVER PLACE #1006 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP TD OD TITLE Detete TITLE ☐ Change Addition Braswell, Tamera 367 Dover Place # 1002 Naples, FL. 34104 CHIORGÑO, DON NAME NAME 378 DOVE PLACE # 701 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition malebranche, marie HALEBRANCHE, MARIE NAME NAME 367 DOVER PLACE #1003 378 Dover Place # 1003 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIF CITY-ST-ZIP 1900 ples, FL 34104 TITLE ☐ Defete Change ☐ Addition TIBALDI, ANNE MARIE NAME NAME 367 DOVER PLACE #1004 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED