2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N93000005395

Entity Name: DOVER PARC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

New Principal Place of Business:

6017 PINE RIDGE RD 241
NAPLES, FL 34119

Current Mailing Address:

P. O. BOX 110339
NAPLES, FL 34108

New Mailing Address:

6017 PINE RIDGE RD 241
NAPLES, FL 34119

FEI Number: 65-0418991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUETER, BEVERLY MANAGER
4306 ARNOLD AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

WRIGHT, RUSSELL MANAGER
6017 PINE RIDGE RD 241
NAPLES, FL 34119 US

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: RUSSELL WRIGHT 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALCOTT, JOHN
Address: 379 DOVER PLACE #601
City-St-Zip: NAPLES, FL 34104

Title: TD ( ) Delete
Name: NOBLE, DAVID
Address: 390 DOVER PLACE #303
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete
Name: DIMAGGIO, GAIL
Address: 373 DOVER PLACE #901
City-St-Zip: NAPLES, FL 34104

Title: DV ( ) Delete
Name: CHIORGNO, DONALD
Address: 378 DOVER PLACE #701
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: WELLS, SAMATHA
Address: 385 DOVER PLACE #404
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ALCOTT PD 04/13/2009
Electronic Signature of Signing Officer or Director Date