

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001058 (6)

1. Corporation Name

DOVE VILLAS I, COOPERATIVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1150 JIMMY ANN DR
DAYTONA BEACH FL 321141150 JIMMY ANN DR
DAYTONA BEACH FL 32117-39203. Date Incorporated or Qualified
02/28/19943a. Date of Last Report
07/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PADGETT, GLENN R
555 W GRANADA BLVD
SUITE D-11
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE
NAME KOCH, GILBERT
STREET ADDRESS 3945 S PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH FL1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME SYLVESTRE, RAYMOND
STREET ADDRESS 1369 COSTA DEL SOL DR
CITY-ST-ZIP DAYTONA BEACH FL2.1 TITLE PRESIDENT ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SLADE, KATHLEEN O
STREET ADDRESS 311 N. CLYDE MORRIS BLVD., SUITE 360
CITY-ST-ZIP DAYTONA BEACH FL3.1 TITLE SECRETARY ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE S ☒ DELETE
NAME ALLWINE, HILDA
STREET ADDRESS 510 BAY RD
CITY-ST-ZIP MT DORA FL 32757-43064.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
4.2 NAME DUNKLE JACK D.
4.3 STREET ADDRESS 35 MEADOW RIDGE VIEW
4.4 CITY-ST-ZIP ORMOND BEACH, FL 32174TITLE P ☐ DELETE
NAME SNYDER, JIM L
STREET ADDRESS 2041 ANCHOR AVENUE
CITY-ST-ZIP DELAND FL5.1 TITLE TREASURER ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME PADGETT, GLENN R
STREET ADDRESS 555 W GRANADA BLVD., SUITE D-11
CITY-ST-ZIP ORMOND BEACH FL6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME THAYER DONALD S.
6.3 STREET ADDRESS 6 FOUNTAIN BLVD
6.4 CITY-ST-ZIP DAYTONA BEACH, FL 32118-4008

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x *Raymond Sylvestre, Pres.* 2-12-97 904-274-1155

CR2E037 (9/96)