


FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001058 (6)**

1. Corporation Name

**DOVE VILLAS I, COOPERATIVE ASSOCIATION, INC.**



Principal Place of Business <b>1150 JIMMY ANN DR DAYTONA BEACH FL 32114</b>	Mailing Address <b>1150 JIMMY ANN DR DAYTONA BEACH FL 32114</b>
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3. Date Incorporated or Qualified

**02/28/1994**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE	<b>D</b>
NAME	<b>KOCH, GILBERT</b>
STREET ADDRESS	<b>3945 S PENINSULA DR</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>P</b>
NAME	<b>SYLVESTRE, RAYMOND</b>
STREET ADDRESS	<b>1369 COSTA DEL SOL DR</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>S</b>
NAME	<b>SLADE, KATHLEEN O</b>
STREET ADDRESS	<b>311 N. CLYDE MORRIS BLVD., SUITE 360</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>VP</b>
NAME	<b>DUNKLE, JACK D.</b>
STREET ADDRESS	<b>33 MEADOW RIDGEVIEW</b>
CITY-ST-ZIP	<b>ORMOND BCH FL</b>

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>T</b>
NAME	<b>SNYDER, JIM L</b>
STREET ADDRESS	<b>2041 ANCHOR AVENUE</b>
CITY-ST-ZIP	<b>DELAND FL</b>

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<b>D</b>
NAME	<b>THAYER, DONALD S.</b>
STREET ADDRESS	<b>6 FOUNTAINBLEAU CIR</b>
CITY-ST-ZIP	<b>DAYTONA BCH FL</b>

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Raymond G. Sylvestre **RAYMOND SYLVESTRE** 3-26-98 904-274-4786

CR2E037 (10/97)