

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001058

1. Entity Name

DOVE VILLAS I, COOPERATIVE ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90097 049 ****70.00

Principal Place of Business

1150 JIMMY ANN DR
DAYTONA BEACH FL 32114

Mailing Address

1150 JIMMY ANN DR
DAYTONA BEACH FL 32117-3920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLL, DANIEL O
100 JIMMY HUGGER CIRCLE
DAYTONA BCH FL 32117

Name

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

City

FL

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.

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KOCH, GILBERT**
STREET ADDRESS **3945 S PENINSULA DR**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **K. EUGENE GABRIEL**
STREET ADDRESS **14 BRANDY HILLS DR.**
CITY-ST-ZIP **PORT ORANGE, FL 32119**

TITLE **P** ☐ Delete
NAME **SYLVESTRE, RAYMOND**
STREET ADDRESS **1369 COSTA DEL SOL DR**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SLADE, KATHLEEN O**
STREET ADDRESS **311 N. CLYDE MORRIS BLVD., SUITE 360**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DUNKLE, JACK D.**
STREET ADDRESS **33 MEADOW RIDGEVIEW**
CITY-ST-ZIP **ORMOND BCH FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SNYDER, JIM L**
STREET ADDRESS **2041 ANCHOR AVENUE**
CITY-ST-ZIP **DELAND FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CALISO, DOROTHY WARD**
STREET ADDRESS **54 SEAWINDS CIRCLE**
CITY-ST-ZIP **PONCE INLET FL 32127**

☐ Change ☐ Addition
NAME
STREET ADDRESS
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 information required.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4-28-00

Date

904-274-4736

Daytime Phone #

CR2E037 (9/99)