## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000001058

Jul 30, 2006 Secretary of State

Entity Name: DOVE VILLAS I, COOPERATIVE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1150 JIMMY ANN DR 1150 JIMMY ANN DR

DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32117 US

**Current Mailing Address: New Mailing Address:** 

1150 JIMMY ANN DR 1150 JIMMY ANN DR

DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32114 US

FEI Number: 59-3400991 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROLL, DANIEL O DEBBIE, DECK MS 100 JIMMY HUGGER CIRCLE 4043 N CHINOOK LANE

DAYTONA BCH, FL 32117 ORMOND BEACH, FL 32174 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: DEBBIE DECK 07/30/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

SULLIVAN, JOHN DECK, DEBBIE MS Name: Name: Address: 101 B GOLDENEYE DRIVE Address: 4043 N CHINOOK LANE City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: ORMOND BEACH, FL 32174 US

Title: () Delete Title: (X) Change ( ) Addition JOHANNESSEN, HAROLD Name: Name: SYLVESTRE, RAYMOND MR Address: 3576 SUGARPLUM LANE Address: 1369 COSTA DEL SOL DRIVE City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: DAYTONA BEACH, FL 32129 US

Title: VΡ () Delete Title: TREA (X) Change ( ) Addition

SLADE, KATHLEEN O Name: SNYDER, JIMMIE MR Name: 2894 MALIBU CT. 1005 BURGOYNE ROAD Address: Address:

City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DELAND, FL 32720-141 US

Title: () Delete Title: SEC (X) Change ( ) Addition Name: DUNKLE, JACK D. Name: STRAWN, KATHLEEN MRS 33 MEADOW RIDGEVIEW P.O. BOX 370 SITE #95 Address: Address: City-St-Zip: ORMOND BCH, FL City-St-Zip: ORANGE LAKE, FL 32681 US

Title: () Delete Title: (X) Change ( ) Addition

STRAWN, KATHLEEN WEBER, MADGE MRS Name: Name:

P.O. BOX 731381 P.O. BOX 1928 Address: Address:

ORMOND BEACH, FL 321731381 ORMOND BEACH, FL 32175 US City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

HOWELL, DEBBIE JUANITA, MCNEIL MRS Name: Name: Address: 849 EAST RIVER OAK DRIVE Address: 977 DEERFOOT ROAD ORMOND BEACH, FL 321744639 DELAND, FL 32720 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE DECK **PRES** 07/30/2006

Electronic Signature of Signing Officer or Director

Date