

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001058

FILED
May 22, 2007
Secretary of State

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

Current Principal Place of Business:

1150 JIMMY ANN DR
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1150 JIMMY ANN DR
DAYTONA BEACH, FL 32117 US

New Mailing Address:

1100 JIMMY ANN DRIVE
DAYTONA BEACH, FL 32117 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:

DEBBIE, DECK MS
4043 N CHINOOK LANE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DECK, DEBBIE MS
Address: 4043 N CHINOOK LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: V P () Delete
Name: SYLVESTRE, RAYMOND MR
Address: 1369 COSTA DEL SOL DRIVE
City-St-Zip: DAYTONA BEACH, FL 32129 US

Title: TREA () Delete
Name: SNYDER, JIMMIE MR
Address: 1005 BURGONYNE ROAD
City-St-Zip: DELAND, FL 32720 US

Title: SEC () Delete
Name: STRAWN, KATHLEEN MRS
Address: P.O. BOX 370 SITE #95
City-St-Zip: ORANGE LAKE, FL 32681 US

Title: DIR () Delete
Name: WEBER, MADGE MRS
Address: P.O. BOX 1928
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: DIR () Delete
Name: JUANITA, MCNEIL MRS
Address: 977 DEERFOOT ROAD
City-St-Zip: DELAND, FL 32720 US

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
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City-St-Zip:

Title: () Change () Addition
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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: DEBBIE DECK

PRES

05/22/2007

Electronic Signature of Signing Officer or Director

Date