2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N94000001058

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:

1100 JIMMY ANN DRIVE
DAYTONA BEACH, FL 32117 US

New Mailing Address:

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

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 BURGOYNE 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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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: BARRY S POLLACK CEO 01/14/2008

Electronic Signature of Signing Officer or Director — Date