

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001058

FILED  
Mar 23, 2009  
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:**

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 (X) 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 BURGONYE 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: DEBBIE DECK

PRES

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date