

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90404 025 \*\*\*\*70.00

**DOCUMENT # N94000001058**

1. Entity Name

**DOVE VILLAS I, COOPERATIVE ASSOCIATION, INC.**



Principal Place of Business

**1150 JIMMY ANN DR  
DAYTONA BEACH FL 32114**

Mailing Address

**1150 JIMMY ANN DR  
DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **CALISE, DOROTHY**  
STREET ADDRESS **54 SEAWIND CIRCLE**  
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR  
TOBLER JOANN**  
STREET ADDRESS **2550 CHERANGELACT**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE ☒ Delete  
NAME **SYLVCOTRE, RAYMOND**  
STREET ADDRESS **1369 COSTA DEL SOL DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT  
JOHANESSEN, HAROLD**  
STREET ADDRESS **3576 SUGARPLUM LANE**  
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE ☐ Delete  
NAME **SLADE, KATHLEEN O**  
STREET ADDRESS **2894 MALUBU COURT**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☒ Change ☐ Addition  
NAME **VICE PRESIDENT  
SLADE KATHLEEN O**  
STREET ADDRESS **2894 MALUBU COURT**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

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

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

TITLE ☐ Delete  
NAME **KUMAS, CAROLYN**  
STREET ADDRESS **720 BROM BONRS CT**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

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

TITLE ☐ Delete  
NAME **SNYDER, JIM L**  
STREET ADDRESS **1005 BURGOYNE ROAD**  
CITY-ST-ZIP **DELAND FL 32720-1418**

TITLE ☐ 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 like empowered.

SIGNATURE:

*Jim L. Snyder*  
**JIM L. SNYDER**

4-28-03

386-274-4736

CR2E037 (10/02)