

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001735

FILED
Apr 17, 2009
Secretary of State

Entity Name: DOVES LANDING OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 33683

New Mailing Address:

FEI Number: 59-3502179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JACK B
MELROSE-SOVEREIGN COMPANIES
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 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: DP () Delete
Name: SOENDKER, HERB
Address: 19111 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647

Title: DVP () Delete
Name: GROSSO, ANDREW
Address: 8614 SNOWY OWL
City-St-Zip: TAMPA, FL 33647

Title: VP2 () Delete
Name: FLYNN, ALBERT
Address: 19118 WHITE WING PL
City-St-Zip: TAMPA, FL 33647

Title: DT () Delete
Name: BOYER, PAT
Address: 19104 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647

Title: DS () Delete
Name: BONNEVILLE, MICHELLE
Address: 19151 WHITE WING PL
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: KAUTZ, SHARON
Address: 19102 WHITE WING PLACE
City-St-Zip: TAMPA, FL 33647

Title: D (X) Change () Addition
Name: GROSSO, DREW
Address: 8614 SNOWY OWL
City-St-Zip: TAMPA, FL 33647

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: HERB SOENDKER

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date