

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006723

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: DOVER PLACE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

BAYVIEW PROPERTY MGMT.  
4600 ENTERPRISE AVE STE A  
NAPLES, FL 34104 US

## New Principal Place of Business:

C/O ABILITY MANAGEMENT, INC  
6312 TRAIL BLVD  
NAPLES, FL 34108 US

## Current Mailing Address:

BAYVIEW PROPERTY MGMT.  
4600 ENTERPRISE AVE STE A  
NAPLES, FL 34104 US

## New Mailing Address:

C/O ABILITY MANAGEMENT, INC  
PO BOX 770278  
NAPLES, FL 34107 US

FEI Number: 59-3551299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, RUSSELL  
4600 ENTERPRISE AVE STE A  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

LIVELY, DENNIS F  
6312 TRAIL BLVD  
NAPLES, FL 34108 US

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: DENNIS F LIVELY

04/26/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KNOTT, RICHARD  
Address: 348 DOVER PLACE #103  
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete  
Name: TURNER, DIANE  
Address: 306 DOVER PLACE #104  
City-St-Zip: NAPLES, FL 34104

Title: STD ( ) Delete  
Name: ANDREWS, JOAN  
Address: 326 DOVER PLACE #101  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CRISP, CAROLE  
Address: 359 DOVER PLACE #202  
City-St-Zip: NAPLES, FL 34104

Title: TD (X) Change ( ) Addition  
Name: ANDREWS, JOAN  
Address: 326 DOVER PLACE #101  
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change ( ) Addition  
Name: CORREALE, PAULA  
Address: 343 DOVER PLACE #202  
City-St-Zip: NAPLES, FL 34104

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: CAROLE CRISP

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date