

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006723

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: DOVER PLACE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

C/O DIRECTORS CHOICE, LLC  
1085 5TH ST S  
NAPLES, FL 34102 US

## Current Mailing Address:

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

## New Mailing Address:

C/O DIRECTORS CHOICE, LLC  
PO BOX 1405  
NAPLES, FL 34106 US

FEI Number: 59-3551299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HOWARD, GREG  
1085 - 5TH ST S  
NAPLES, FL 34102 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: GREG HOWARD

03/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOLLIDA, JANETTE  
Address: 325 DOVER PLACE #203  
City-St-Zip: NAPLES, FL 34104

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

Title: VPD (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: JOAN ANDREWS

S/TD

03/25/2009

Electronic Signature of Signing Officer or Director

Date