


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90022 013 ****61.25

DOCUMENT # N99000002571

1. Entity Name
DORAL VILLAGE HOMEOWNER TENANT ASSOCIATION, INC.



Principal Place of Business
 29250 US HIGHWAY 19 NORTH
 481
 CLEARWATER, FL 33761

Mailing Address
 29250 US HIGHWAY 19 NORTH
 481
 CLEARWATER, FL 33761

40057938



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc. *SAME AS ABOVE* Suite, Apt. #, etc.

City & State City & State

Zip Country *Pinellas* Zip Country

03032008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-3572553

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHAFFER, SUSAN
 29250 US HWY 19 NORTH #481
 CLEARWATER, FL 33761

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 *Wanita O'Hearn President* DATE *3/31/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	P	<input type="checkbox"/> Delete
NAME	O'HEARN, WANITA	
STREET ADDRESS	29250 US 19 N #209	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CADY, ROD	
STREET ADDRESS	29250 US 19 N #176	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BERRY, PRISCILLA	
STREET ADDRESS	29250 US HWY N #195	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BURKHART, PATRICIA	
STREET ADDRESS	29250 US 19 N #233	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARCO, BOB	
STREET ADDRESS	29250 US 19 N #405	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANITA O'Hearn	
STREET ADDRESS	29250 US 19 N LOT 209	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORI LABONTE	
STREET ADDRESS	29250 US 19 N LOT #154	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDY SCOTT	
STREET ADDRESS	29250 US 19 N LOT #475	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS CREWS	
STREET ADDRESS	29250 US 19 N LOT #139	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB MARCO	
STREET ADDRESS	29250 US 19 N LOT #405	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Wanita O'Hearn* DATE: *3/31/08* 727-412-8774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #