2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N99000002718

Entity Name: DOVE HILL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2812 NE 66 ST
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

PO BOX 504
SILVER SPRINGS, FL 34489

New Mailing Address:

FEI Number: 59-3622560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, VALERIE L
2812 NE 66 STREET
OCALA, FL 34479 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: P ( ) Delete
Name: BURSEY, RICHARD
Address: 2745 NE 64TH LANE
City-St-Zip: OCALA, FL 34479

Title: T ( ) Delete
Name: YANCEY, JUDITH
Address: 2831 NE 64TH LANE
City-St-Zip: OCALA, FL 34479

Title: S ( ) Delete
Name: THOMAS, VALERIE L
Address: 2812 NE 66TH ST
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete
Name: O'CULL, RYAN
Address: 6389 NE 28 COURT
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete
Name: SCHMIDT, CHARLES
Address: 2720 NE 64TH LANE
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete
Name: BRADY, MICHAEL
Address: 3710 NE 64TH LANE
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VALERIE THOMAS S 04/29/2008

Electronic Signature of Signing Officer or Director — Date