

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753528

Entity Name: DOVER ESTATES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4811 FAYANN ST
ORLANDO, FL 32812**Current Mailing Address:**4811 FAYANN ST
ORLANDO, FL 32812 US**FEI Number:** 59-2963112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIMARCO, CORRINE MRS
4811 FAYANN ST
ORLANDO, FL 32812 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:** CORRINE DIMARCO

01/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BLACKWOOD, DAVID W MR.
Address 5162 TELLSON PL
City-State-Zip: ORLANDO FL 32812

Title T
Name DI MARCO, CORRINE MRS
Address 4811 FAYANN ST
City-State-Zip: ORLANDO FL 32812

Title S
Name ROMKEY-SMITH, TANYA MRS.
Address 4847 OAKBROOKE PLACE
City-State-Zip: ORLANDO FL 32812

Title VP
Name KING, BEVERELY MRS.
Address 4809 FAYANN ST
City-State-Zip: ORLANDO FL 32812

Title D
Name CARVER, CAROL MS.
Address 2020 BEL AIR AVE
City-State-Zip: ORLANDO FL 32812

Title D
Name SYVERTSON, RITA MS
Address 4816 OAKBROOKE PL
City-State-Zip: ORLANDO FL 32812

Title D
Name BAK, CATHERINE MRS.
Address 4989 OAKBROOKE PLACE
City-State-Zip: ORLANDO FL 32812

I hereby 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 all other like empowered.

SIGNATURE: CORRINE DIMARCO**TREASURER**

01/23/2015

Electronic Signature of Signing Officer/Director Detail

Date