2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2021
Secretary of State
4742448007CC

DOCUMENT# 763844

Entity Name: DOVE HOLLOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3681 RUSTY GRACKLE DRIVE
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 742
PALM HARBOR, FL 34682 US

FEI Number: 57-1285804

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRUBBS, HUGH
3681 RUSTY GRACKLE DRIVE
PALM HARBOR, FL 34683 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	IRISH, KARRIE
Address	3555 GLOSSY IBIS CT.
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	CHAPLINSKY, ANTHONY
Address	3547 GLOSSY IBIS CT
City-State-Zip:	PALM HARBOR FL 34683

Title	SECRETARY
Name	GUENTHER, HEATHER
Address	3630 SCARLET TANAGER DR.
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	WOOD, SUSAN
Address	3496 SNOWY EGRET CT.
City-State-Zip:	PALM HARBOR FL 34683

Title	TREASURER
Name	DOEL, SUSAN
Address	3537 SNOWY EGRET CT.
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	GUENTHER, ANDREW
Address	3630 SCARLET TANAGER DR.
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	HARVEY, CAROLE
Address	3554 GLOSSY IBIS CT.
City-State-Zip:	PALM HARBOR FL 34683

Title	VP
Name	PETTIT, JARED
Address	3544 SNOWY EGRET CT.
City-State-Zip:	PALM HARBOR FL 34683

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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: SUSAN DOEL TREASURER 04/02/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	POWERS, TERRY
Address	3536 SNOWY EGRET CT.
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	DOMINGUEZ, LAZARO
Address	3563 GLOSSY IBIS CT.
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	BLACKLIDGE, JON
Address	3059 PELICAN CT.
City-State-Zip:	PALM HARBOR FL 34683