

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 DIRECTOR
Name SCALES, ROXANNE
Address 3522 GLOSSY IBIS CT.
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name WORDEN, ROGER
Address 3437 DOVE HOLLOW CT.
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name RACHFALSKI, ANDY
Address 2280 COLONIAL BLVD. W.
City-State-Zip: PALM HARBOR FL 34683

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

Title T
Name DOEL, SUSAN
Address 3537 SNOWY EGRET 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 DODSON, CHRISTINE
Address 3608 PELICAN CT.
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name KOHLER, PAMELA
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****03/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name ILAZZARA, RICHARD
Address 3437 SNOWY EGRET CT.
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name DESANCTIS, ELAINE
Address 3413 SNOWY EGRET CT.
City-State-Zip: PALM HARBOR FL 34683

Title DIRECTOR
Name ALETKIN, MICHELLE
Address 3533 DOVE HOLLOW 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 ILAZZARA, LISA
Address 3437 SNOWY EGRET CT.
City-State-Zip: PALM HARBOR FL 34683