

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011790

**Entity Name:** AGAPE DOVETAIL VILLAS GP, INC.

**Current Principal Place of Business:**

7334 BLANCO ROAD, SUITE 200  
SAN ANTONIO, TX 78216-4933

**Current Mailing Address:**

7334 BLANCO RD STE 200  
SAN ANTONIO, TX 78216-4933

**FEI Number: 45-4409129**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CRONIN, MICHAEL T  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 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 DP  
Name GOODWIN, MICHAEL R  
Address 7334 BLANCO ROAD, SUITE 200  
City-State-Zip: SAN ANTONIO TX 78216-4933

Title DV  
Name CONDIT, JIM  
Address 7334 BLANCO ROAD, SUITE 200  
City-State-Zip: SAN ANTONIO TX 78216-4933

Title DS  
Name MITCHELL, SHERRY  
Address 7334 BLANCO ROAD, SUITE 200  
City-State-Zip: SAN ANTONIO TX 78216-4933

Title D  
Name WOODWARD, JOANNE  
Address 7334 BLANCO ROAD, SUITE 200  
City-State-Zip: SAN ANTONIO TX 78216-4933

Title D  
Name SHIPLEY, JAMES  
Address 7334 BLANCO ROAD, SUITE 200  
City-State-Zip: SAN ANTONIO TX 78216-4933

*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: MICHAEL R GOODWIN**

**P**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date