2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 16, 2007 8:00 am Secretary of State

DOCUMENT # N30414 1. Entity Name MOUNT DORA VILLAGE MERCHANTS & BUSINESS ASSOCIATION, INC.					Secretary of State 01-16-2007 90263 047 ****61.25			
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State		4. FEI Number 59-29680	075		1 1	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desire	»d 🗀	\$8.75 Add Fee Require	
	the manifestation of Current	Registered Agent		7. Name and A	ddress of Ne	w Registered	Agent	
PRITT, BARBARA W 334 DONNELLY ST MOUNT DORA, FL 32757				Street Address (P.O. Box Number is Not Acceptable)				
L	The above named entity submits this statement for the purpose of changing its regist			FL Zip Code				
	Filing Fee is \$61.25 Due by May 1, 2007		ampaign Financing Contribution.	\$5.00 May Be Added to Fees	F	Make checi Florida Depar		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHAN	IGES TO OFF	ICERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS	P. MIKLESH, LOU 120 E. FOURTH AV	☐ Delete	TITLE NAME STREET ADDRESS		<u></u>		☐ Change	Addition
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRITT, BARBARA W 334 N DONNELLY ST MOUNT DORA, FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, SUSAN	E Celete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Kluesene 420 N.D. Mount D	r. Ri	chard	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DAVID 347 E. 3RD AV MOUNT DORA, FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOURS L		,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEE, CAROL 110 W. 3RD ST MOUNT DORA, FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		Change	Addition
TITLE								

indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119. Honda Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR