2000 UNIFORM BUSINESS REPORT (UBR) 04,23,2000 90042 005 \*\*\*\*61.25 DOCUMENT # N97000000729 SECRETARY OF SN97000000729 1. Entity Name **INVISION OF CORPORATIONS** THE HILLS OF MOUNT DORA HOMEOWNERS' ASSOCIATION. COMAY 17 AM II: II Principal Place of Business Mailing Address THE HILLS OF MOUNT DORA HOMEDENERS' ASSO THE HILLS OF MOUNT DORA HOMEOENERS' ASSO P.O. BOX 632 1.0. BOX 632 SORRENTO FL 32776-0632 SORRENTO FL 3277E-0632 3. Mailing Address 2. Principal Place of Business Suite, Apt. F, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3550617 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Cecil David McFarland-Street Address (P.O. Box Number is Not Acceptable) Brian J. Welke 3900 Lake Center Drive 1A <del>32729 Scenic Hills Drive</del> Mount Dora, Fl. 32757 <u> Mount Dora.</u> Zip Code Florida

8. 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. 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to FILE NOW: Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition PD Change TITLE CX Deleta TITLE PD SONNE, MARVIN NAME NAME EVELYN ELLIOTT STREET ADDRESS STREET ADDRESS 32446 SCENIC HILLS DRIVE 22202 SCENIC RIDGE CT Mount Dora, FL. 32757 CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 Change ☐ Addition Delete TITLE TITLE VPD NAME mas. Juan NAME Robert Davis STREET ADDRESS STREET ADDRESS 32345 SCENIC HILLS DRIVE 32437 Scenic Hills Drive CITY-ST-ZIP CITY-ST-ZIP **MOUNT DORA FL 32757** Mount\_Dora,\_FL.\_32757 Delate HILE TITLE WOOTEN, MICHELLE NAME NAME Belt, Eva M. STREET ADDRESS STREET ADDRESS 32300 SCENIC HILLS DRIVE 32623 Scenic Hills.Dr. Mt. Dora CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 FL. 32757 Change Addition | TITLE Delete TITLE TDROUSE, EDDIE NAME NAME MaryLou James STREET ADDRESS 22101 SCENIC RIDGE COURT STREET ADDRESS 32405 SCENIC Hills Drive CITY-ST-7IP CITY-ST-ZIP MOUNT DURA FL 32757 Mount Dora, FL. 32757 ☐ Addition ☐ Deleta IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

<del>352=383-0996</del>