2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State
06-07-2001 90004 016 ****61.25

DOCUMENT # N97000000729

1. Entity Name

THE HILLS OF MOUNT DORA HOMEOWNERS' ASSOCIATION,

Principal Place of Business	Mailing Address
THE HILLS OF MOUNT DORA HOMEOENERS' ASSO P.O. BOX 632 SORRENTO FL 32776-0632	THE HILLS OF MOUNT DORA HOMEOENERS' ASSO P.O. BOX 632 SORRENTO FL 32776-0632

112454

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3550617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCFARLAND, CECIL D 32729 SCENIC HILLS DRIVE MOUNT DORA FL 32757	Name: Robert Davis Street Address (P.O. Box Number is Not Acceptable): 32437 Scenic Hills Drive City: Mount Dora **FL** Zip Code: 32757

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.

SIGNATURE: Robert E. DAVIS — Robert E. Davis — 6/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELLIOTT, EVELYN 22202 SCENIC RIDGE CT MOUNT DORA FL 32757	☑ Delete	DV CROOKER, JAMES 32816 Scenic Hills Dr. MOUNT DORA, FL. 32757	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DAVIS, ROBERT 32437 SCENIC HILLS DRIVE MOUNT DORA FL 32757	☐ Delete	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELT, EVA M 32623 SCENIC HILLS DR MT DORA FL 32757	☑ Delete	SD WOOTEN, MICHELLE 32300 Scenic Hills Dr. MT. DORA, FL 32757	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JAMES, MARY LOU 32405 SCENIC HILLS DRIVE MOUNT DORA FL 32757	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing 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 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: Robert E. Davis — President/Board of Directors — (407) 333-7000

#Hachmeister

Form **1120-H**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

772434

#N97000077

OMB No. 1545-0127

2000

For calendar year 2000 or tax year beginning , 2000, and ending , 20

Use IRS label. Otherwise, please print or type.	Name	Employer identification number (see page 4)
	The Hills of Mt. Dora Homeowners' Association	59 1355061 7
	Number, street, and room or suite no. (If a P.O. box, see page 4.) P.O. Box 632	Date association formed
	City or town, state, and ZIP code Sorrento, FL. 32776-0632	January, 1999

Check if: (1) ☒ Final return (2) ☐ Change of address (3) ☐ Amended return

A Check type of homeowners association: ☐ Condominium management association ☒ Residential real estate association ☐ Timeshare association

B	Total exempt function income. Must meet 60% gross income test (see instructions)	B	6,500.00
C	Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	4,423.00
D	Association's total expenditures for the tax year (see instructions)	D	4,423.00
E	Tax-exempt interest received or accrued during the tax year	E	0.00

Gross Income (excluding exempt function income)

1	Dividends	1		
2	Taxable interest	2		
3	Gross rents	3		
4	Gross royalties	4		
5	Capital gain net income (attach Schedule D (Form 1120))	5		
6	Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797)	6		
7	Other income (excluding exempt function income) (attach schedule)	7		
8	**Gross income** (excluding exempt function income). Add lines 1 through 7	8		

Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9		
10	Repairs and maintenance	10		
11	Rents	11		
12	Taxes and licenses	12		
13	Interest	13		
14	Depreciation (attach Form 4562)	14		
15	Other deductions (attach schedule)	15		
16	**Total deductions.** Add lines 9 through 15	16		
17	Taxable income before specific deduction of $100. Subtract line 16 from line 8	17	0	
18	Specific deduction of $100	18	$100	00

Tax and Payments

19	**Taxable income.** Subtract line 18 from line 17	19	0	
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	0	
21	Tax credits (see instructions)	21	0	
22	**Total tax.** Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0	
23	**Payments:** a 1999 overpayment credited to 2000 — 23a: 0			
	b 2000 estimated tax payments — 23b: 0 — c Total ▶ 23c: 0			
	d Tax deposited with Form 7004 — 23d: 0			
	e Credit for tax paid on undistributed capital gains (attach Form 2439) — 23e: 0			
	f Credit for Federal tax on fuels (attach Form 4136) — 23f: 0			
	g Add lines 23c through 23f	23g	0	
24	**Tax due.** Subtract line 23g from line 22. See instructions for depository method of tax payment	24	0	
25	**Overpayment.** Subtract line 22 from line 23g	25	0	
26	Enter amount of line 25 you want: **Credited to 2001 estimated tax** ▶ **Refunded** ▶	26	0	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Robert G. Davis — Signature of officer
June 1, 2001 — Date
Board of Director-President — Title

Paid Preparer's Use Only

Preparer's signature		Date	Check if self-employed ☐
Preparer's SSN or PTIN			
Firm's name (or yours if self-employed) address, and ZIP code		EIN	
		Phone no. ( )	