2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# N97000000729

Entity Name: THE HILLS OF MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

THE HILLS OF MOUNT DORA HOMEOENERS
P.O. BOX 632
SORRENTO, FL 327760632

New Principal Place of Business:

THE HILLS OF MOUNT DORA HOMEOWNERS
P.O. BOX 632
SORRENTO, FL 327760632

Current Mailing Address:

THE HILLS OF MOUNT DORA HOMEOENERS
P.O. BOX 632
SORRENTO, FL 327760632

New Mailing Address:

THE HILLS OF MOUNT DORA HOMEOWNERS
P.O. BOX 632
SORRENTO, FL 327760632

FEI Number: 59-3550617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGINNIS, DEBBIE
32700 SCENIC HILLS DR.
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: GALLAGHER, DAVE
Address: 32437 SCENIC HILLS DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: PD ( ) Delete
Name: WOOTEN, MICHELLE
Address: 32300 SCENIC HILLS DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: SD ( ) Delete
Name: MCGINNIS, DEBBIE
Address: 32700 SCENIC HILLS DR.
City-St-Zip: MT DORA, FL 32757

Title: TD ( ) Delete
Name: JAMES, MARY LOU
Address: 32405 SCENIC HILLS DRIVE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: PACHELLI, LIZ
Address: 32905 SCENIC HILLS DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: PD (X) Change ( ) Addition
Name: GALLAGHER, DAVE
Address: 32437 SCENIC HILLS DR.
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEBBIE MCGINNIS SD 03/01/2005
Electronic Signature of Signing Officer or Director — Date