# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 16, 2003 8:00 am**
**Secretary of State**
01-16-2003 90128 011 ****61.25

90003890

DOCUMENT # N97000000729

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

| Principal Place of Business | Mailing Address |
|---|---|
| THE HILLS OF MOUNT DORA HOMEOENERS<br>P.O. BOX 632<br>SORRENTO FL 32776-0632 | THE HILLS OF MOUNT DORA HOMEOENERS<br>P.O. BOX 632<br>SORRENTO FL 32776-0632 |

CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. 0 | Suite, Apt. #, etc. |
| City & State 0 | 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**

CROOKER, JAMES
32816 SCENIC HILLS DR
MOUNT DORA FL 32757

**7. Name and Address of New Registered Agent**

Name Debbie McGinnis
Street Address (P.O. Box Number is Not Acceptable) 32700 Scenic Hills Dr
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Debbie McGinnis Debbie McGinnis 1/13/03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CROOKER, JAMES<br>32816 SCENIC HILLS DR<br>MOUNT DORA FL 32757 | ☒ Delete | PD<br>~~CROOKER~~ WOOTEN, MICHELLE<br>32300 Scenic Hills Dr<br>Mount Dora, FL 32757 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>WOOTEN, MICHELLE<br>32300 SCENIC HILLS DR.<br>MOUNT DORA FL 32757 | ☒ Delete | VPD<br>~~Ballagher~~, Dave<br>32437 Scenic Hills Dr<br>Mount Dora, FL 32757 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GINNIS, DEBBIE<br>32700 SCENIC HILLS DR.<br>MT DORA FL 32757 | ☐ Delete | SD<br>McGinnis, DEBBIE<br>32700 Scenic Hills Dr<br>Mount Dora, FL 32700 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JAMES, MARY LOU<br>32405 SCENIC HILLS DRIVE<br>MOUNT DORA FL 32757 | ☐ Delete | TD<br>same | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** Debbie McGinnis Debbie McGinnis 1/13/03 352 385-0635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR