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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725363 (6)

1. Corporation Name

LAKE DORA HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1510 COUNTY DRIVE
TAVARES FL 327781510 COUNTY DR
TAVARES FL 32778-4005
US3. Date Incorporated or Qualified
01/23/19733a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAUGHLIN, GAIL A
1126 OAKLAND CIR
TAVARES FL 32778

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAHER, PATRICK	
STREET ADDRESS	1404 HIGHLAND AVE.	
CITY-ST-ZIP	TAVARES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STUPHIN, WILEY	
STREET ADDRESS	1326 SOUTH SHORE DRIVE	
CITY-ST-ZIP	TAVARES FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	SUTPHIN, WILEY
2.4 CITY-ST-ZIP	1326 SOUTH SHORE DRIVE TAVARES, FL

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GULVIN, NELSON	
STREET ADDRESS	1406 RIDGE RD.	
CITY-ST-ZIP	TAVARES FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	GULVIN, NELSON
3.4 CITY-ST-ZIP	1406 RIDGE ROAD TAVARES, FL.

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REIF, ALBERT	
STREET ADDRESS	1422 LAKEVIEW DR.	
CITY-ST-ZIP	TAVARES FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	MCLAUGHLIN, ROBERT
4.4 CITY-ST-ZIP	1126 OAKLAND CIRCLE TAVARES, FL.

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PANEPENTO, ANTHONY	
STREET ADDRESS	1506 PLEASANT ST.	
CITY-ST-ZIP	TAVARES FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	KUEHN, GRAYDON
5.4 CITY-ST-ZIP	1627 SOUTH SHORE DR. TAVARES, FL

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, GAIL A	
STREET ADDRESS	1126 OAKLAND CIR	
CITY-ST-ZIP	TAVARES FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gail A. McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/21/97
Date352-343-8474
Daytime Phone # 0014844

CR2E037 (9/96)