

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90016 040 ****61.25

DOCUMENT # 725363 1. Entity Name LAKE DORA HOME OWNER'S ASSOCIATION, INC.					
Principal Place of Business 1510 COUNTY DRIVE TAVARES, FL 32778			Mailing Address 1510 COUNTY DR TAVARES, FL 32778-4005 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		54001062 	
City & State		City & State		01062004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCLAUGHLIN, GAIL A 1126 OAKLAND CIR TAVARES, FL 32778			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P CARTER, PAUL 1117 OAKLAND CIRCLE TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANCH, PAUL 1407 LAKEVIEW DR. TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLAUGHLIN, ROBERT 1126 OAKLAND CIRCLE TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM GRIFFITHS 1510 South SHORE DR. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETTON, DENIS 1310 SOUTH SHORE DRIVE TAVARES, FL 32778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES KEMMER 1338 WESTLAND DR. TAVARES, FL. 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLAUGHLIN, GAIL A 1126 OAKLAND CIR TAVARES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANCH, PAUL 1407 LAKEVIEW DR. TAVARES, FL 32778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARL RICE 1619 SOUTH SHORE DR. TAVARES, FL. 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEMMER, JAMES 1338 WESTLAND DR. TAVARES, FL 32778	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYT OWENS 1380 HIGHLAND AVE TAVARES, FL. 32778
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: <i>Gail McLaughlin</i> 1/23/04 352-343-8474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					