

**2020 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06329

**Entity Name:** HOUSING ASSISTANCE OF MT. DORA, LTD.

**Current Principal Place of Business:**

3001 JAVENS CIRCLE  
MT. DORA, FL 32757

**FILED**  
**Apr 28, 2020**  
**Secretary of State**  
**8075195704CC**

**Current Mailing Address:**

C/O AAMCI  
708 SOUTH GAY STREET, SUITE 200  
KNOXVILLE, TN 37902 US

**FEI Number: 59-1880750**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 US

*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

**General Partner Detail :**

Document #

Name AAMCI CORPORATION

Address C/O AAMCI  
708 SOUTH GAY STREET, SUITE 200

City-State-Zip: KNOXVILLE TN 37902

*I hereby 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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DEEDRA A BURROUGHS**

**CFO/SEC/TREAS**

**04/28/2020**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date