

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005746

**Entity Name:** LAURELS OF MOUNT DORA HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 22, 2023**  
**Secretary of State**  
**5926748070CC****Current Principal Place of Business:**1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 US**FEI Number: 04-3624284****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPECIALTY MANAGEMENT COMPANY  
1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 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: BRETT M JORDAN****03/22/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	SAUTER, CHRISTOPHER
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	SECRETARY
Name	COMBS, JUDITH
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	GORDON, GARY
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	TREASURER
Name	SUROSKI, A. JAMES
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	DAVIS, LYNETTE
Address	1000 PINE HOLLOW POINT
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

*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 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 all other like empowered.*

**SIGNATURE: CHRISTOPHER SAUTER****PRESIDENT****03/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date