2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2014
Secretary of State
CC8548136904

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Entity Name: ARTISANS OF MOUNT DORA, INC.

Current Principal Place of Business:

134 E. FIFTH AVENUE
MOUNT DORA, FL 32757

Current Mailing Address:

C/O TREASURER, ARTISANS ON FIFTH
134 EAST FIFTH
MT DORA, FL 32757 US

FEI Number: 27-1069081

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALDACCHINO, DAWN G
134 EAST FIFTH AVENUE
MT DORA, FL 32757 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: DAWN G. BALDACCHINO 04/07/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	SANDLER, JOAN
Address	229 HAMMOCK OAK CIRCLE
City-State-Zip:	DEBARRY FL 32713

Title	VC
Name	GLENNON, HEATHER
Address	P.O.BOX 1932
City-State-Zip:	MT DORA FL 32756-1932

Title	DIRECTOR
Name	GEIGER, GEORGIA
Address	4734 GLEN COE ST.
City-State-Zip:	LEESBURG FL 34748

Title	DIRECTOR
Name	CRANE, JANET
Address	2549 COUNTRY CLUB ROAD
City-State-Zip:	EUSTIS FL 32043

Title	SECRETARY
Name	CANNON, SUE M
Address	122 SANTA GERTRUDIS DRIVE
City-State-Zip:	APOPKA FL 32712

Title	TREASURER
Name	BALDACCHINO, DAWN G
Address	26 CYPRESS DRIVE
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR
Name	ALLEN, SHARON
Address	128 AZALEA TRAIL
City-State-Zip:	LEESBURG FL 34748

Title	DIRECTOR
Name	HARPER, JENNIFER
Address	1001 LAKE NETTIE DRIVE
City-State-Zip:	EUSTIS FL 32726

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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: DAWN G. BALDACCHINO TREASURER 04/07/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CRABTREE, JOYCE
Address	PO BOX 1744
City-State-Zip:	MOUNT DORA FL 32756