

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010509

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:**HERTZ, MICHAEL D
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:** MICHAEL D. HERTZ

02/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MELLOTT, RAYMOND
Address	1809 LAKESHORE DRIVE
City-State-Zip:	EUSTIS FL 32726
Title	SECRETARY
Name	HERTZ, GWEN K
Address	17143 SE 110TH COURT RD
City-State-Zip:	SUMMERFIELD FL 34491
Title	TREASURER
Name	HERTZ, MIKE
Address	17143 SE 110TH CT. RD.
City-State-Zip:	SUMMERFIRLD FL 34491
Title	DIRECTOR
Name	COKER, ANN
Address	25914 ABERDOVEY AVE
City-State-Zip:	SORRENTO FL 32776

Title	DIRECTOR
Name	HOPCRAFT, HEATHER J.W.
Address	P.O.BOX 1932
City-State-Zip:	MT DORA FL 32756-1932
Title	DIRECTOR
Name	HOWELL, LAURA
Address	16516 SPRING PARK DRIVE
City-State-Zip:	CLERMONT FL 34711
Title	VP
Name	CHRISTMAS, PATRICIA
Address	7919 SLOEWOOD DRIVE
City-State-Zip:	MOUNT DORA FL 32757
Title	DIRECTOR
Name	ABEL, SHARA
Address	4200 DOVE VALLEY LANE
City-State-Zip:	LADY LAKE FL 32159

Continues on page 2

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: GWEN K. HERTZ**SECRETARY**

02/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CUTSHAW, HELEN
Address	346 E 6TH AVE
City-State-Zip:	MT. DORA FL 32757