

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 22, 2013
Secretary of State
CC3283361067**Entity Name:** THE HILLS OF MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**THE HILLS OF MOUNT DORA HOMEOWNERS
32404 SCENIC HILLS DRIVE
MOUNT DORA, FL 32757**Current Mailing Address:**THE HILLS OF MOUNT DORA HOMEOWNERS
P. O. BOX 632
SORRENTO, FL 32776**FEI Number: 59-3550617****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DELCASTILLO, JOHN
32404 SCENIC HILLS DRIVE
MOUNT 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRES
Name WRIGHT, DAVID MR
Address 32622 SCENIC HILLS DR
City-State-Zip: MOUNT DORA FL 32757Title DIR
Name WOOTEN, ROB MR
Address 32300 SCENIC HILLS DRIVE
City-State-Zip: MOUNT DORA FL 32757Title SEC
Name SCHWARTZ, LINDA MRS
Address 32640 SCENIC HILLS DRIVE
City-State-Zip: MOUNT DORA FL 32757Title VP
Name CROY, DENISE MRS
Address 22233 SCENIC RIDGE COURT
City-State-Zip: MOUNT DORA FL 32757Title TREA
Name DELCASTILLO, JOHN MR
Address 32404 SCENIC HILLS DRIVE
City-State-Zip: MOUNT DORA FL 32757Title DIR
Name SINFIELD, NORMA
Address 32606 SCENIC HILLS DRIVE
City-State-Zip: MOUNT DORA FL 32757

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: LINDA SCHWARTZ**SECRETARY****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date