

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 022 ****61.25

DOCUMENT # 705686

1. Entity Name

MOUNT DORA LAWN BOWLING CLUB, INC.



Principal Place of Business

**EVANS PARK
125 EDGERTONB CT
MOUNT DORA FL 32757
US**

Mailing Address

**P. O. BOX 102
DONNELLY STREET
MOUNT DORA FL 32756-0102
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1006232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BISH, WILLIAM P
1435 ELK HART CR
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name **ANNE M. MCKEAN**
Street Address (P.O. Box Number is Not Acceptable)
1684 ELKHART CIRCLE
City **TAVARES**, FL Zip Code **32778**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anne M. McKean

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

3-16-06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **MCKEAN, ANNE**
STREET ADDRESS **1684 ELKHART CIR**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **P** ☒ Delete
NAME **BISH, WILLIAM P**
STREET ADDRESS **1435 BLKHART CR**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **S** ☒ Delete
NAME **WINTSCH, JUDITH**
STREET ADDRESS **831 FAIRVIEW AVE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **T** ☒ Delete
NAME **MURPHY, CAROL**
STREET ADDRESS **9089 LAUREL RIDGE DR**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES.** ☒ Change ☐ Addition
NAME **MCKEAN, ANNE M.**
STREET ADDRESS **1684 ELKHART CR**
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **VICE PRES** ☒ Change ☒ Addition
NAME **WALLACE GREEN**
STREET ADDRESS **7017 PINE HOLLOW DR**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **SECR** ☒ Change ☒ Addition
NAME **ELIZABETH FORBES**
STREET ADDRESS **100 S. TREMAIN STR. E-3**
CITY-ST-ZIP **MOUNT DORA. FL 32757**

TITLE **TREA.** ☒ Change ☒ Addition
NAME **CLAIRE WESTON**
STREET ADDRESS **620 SANDHAK CT**
CITY-ST-ZIP **MOUNT DORA. FL 32757**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne M. McKean **ANNE M. MCKEAN 3-16-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #