

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90110 042 ****61.25

DOCUMENT # 708649

1. Entity Name
MOUNT DORA GOLF ASSOCIATION, INC.



Principal Place of Business
**1100 S. HIGHLAND STREET
MOUNT DORA, FL 32757-6311**

Mailing Address
**1100 S. HIGHLAND STREET
MOUNT DORA, FL 32757-6311**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1109676

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCREE, JEFF
2105 ROBIE AVE
MOUNT DORA, FL 32757**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KARR, NORMA
2136 TOPPING CIR
EUSTIS, FL 32726** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HOLLENBECK, TED
5278 HARPER VALLEY
APOPKA, FL 32712** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLINTON, DICK
40013 W 9TH AVE
UMATILLA, FL 32784** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Fred Lantz
28136 Tammi Dr
Tavares FL 32778** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
BODANZA, MARY
39332 CR 439
UMATILLA, FL 32784** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREEN, RUTH
1795 VIRGINIA COURT
TAVARES, FL 32778** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHELL, GERALD
2750 GRABLES DR
EUSTIS, FL 32726** ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Norma Karr

4-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #