

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90036 035 ****61.25

DOCUMENT # 711126 1. Entity Name MOUNT DORA YACHT CLUB, INC					
Principal Place of Business 4TH AVENUE AND McDONALD ST POST OFFICE BOX 876 MT DORA, FL 32757			Mailing Address POST OFFICE BOX 876 MT DORA, FL 32757		
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	01122008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0690715				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POTTER, DEL G. 308 E 5TH AVE MOUNT DORA, FL 32757			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CD STEPHENS, TOMMY E 936 FAIRVIEW AVE MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Sonnenberg, John 5050 Greenbrair Tr. Mount Dora, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SOMMENTAG, JOHN 5050 GREENBRAIR TR MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Brooks, Edward C. III 1720 Sylvan Point Drive Mount Dora, FL 32756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCD BROOKS, EDWARDS C III 1720 SYLVAN POINT DRIVE MOUNT DORA, FL 32756	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCD Vermeulen, Blaine 651 Old Eustis Road Mount Dora, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIGH, DALLAS M 348340 PARKVIEW AVE EUSTIS, FL 32736	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWLING, J.C. 1861 EDGEWATER DR MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 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: <u>Dallas M. High</u> <u>Dallas M. High</u> 01-12-08 352-357-6210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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