

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734934

FILED
Sep 12, 2005
Secretary of State

Entity Name: LAKE DORA PINES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3080 LAUREL DR.
MT DORA, FL 32757 US

New Principal Place of Business:

3410 LAUREL DR.
MT DORA, FL 32757 US

Current Mailing Address:

3080 LAUREL DR.
MT DORA, FL 32757 US

New Mailing Address:

3410 LAUREL DR.
MT DORA, FL 32757 US

FEI Number: 59-1640241 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LANDIS, ROBERT J JR.
3080 LAUREL DR.
MT. DORA, FL 32757 US

Name and Address of New Registered Agent:

CAIN, ZOHAR .
3410 LAUREL DR.
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: ZOHAR CAIN

09/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEARSON, GEORGE
Address: 3425 LAUREL DR
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: RICE, DAVID
Address: 3445 LAUREL DR
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: LANDIS, ROBERT J JR.
Address: 3080 LAUREL
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: RIED, CHARLES
Address: 3450 LAUREL DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: CARROZZA, PETER
Address: 3380 LAUREL DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: TURNER, THELMA
Address: 720 AZALEA CT
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER CAROZZA

PRES

09/12/2005

Electronic Signature of Signing Officer or Director

Date