

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90027 031 \*\*\*\*61.25

**DOCUMENT # 734934**

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



Principal Place of Business  
3410 LAUREL DR.  
MT DORA, FL 32757 US

Mailing Address  
3410 LAUREL DR.  
MT DORA, FL 32757 US

40025144



2. Principal Place of Business - No P.O. Box #  
**3100 Laurel Drive**

3. Mailing Address  
**3380 Laurel Dr**

Suite, Apt. #, etc.

City & State  
**Mount Dora, FL**

City & State  
**Mount Dora, FL**

Zip  
**32757**

Country  
**USA**

Zip  
**32757**

Country  
**USA**

02052008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1640241**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CAIN, ZOHAR**  
**3410 LAUREL DR.**  
**MT. DORA, FL 32757**

7. Name and Address of New Registered Agent  
Name **Peter CARROZZA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3380 Laurel Dr**  
City **Mount Dora** FL Zip Code **32757**

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 **Peter Carrozza** **Peter Carrozza** **2-5-2008**  
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, 2008**

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	PRES CAROZZA, PETER 3380 LAUREL DR MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>ART Duser</b> <b>3100 Laurel Drive</b> <b>Mount Dora, FL 32757</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ANDERSSON, JANET 3180 LAUREL DRIVE MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Tracy Berry</b> <b>725 Azalea Court</b> <b>Mount Dora, FL 32757</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CAIN, ZOHAR S 3410 LAUREL MT. DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Peter Carrozza</b> <b>3380 Laurel Drive</b> <b>Mount Dora, FL 32757</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUSER, ART 3100 LAUREL DRIVE MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Sandra Funk</b> <b>3460 Laurel Dr</b> <b>Mount Dora, FL 32757</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SEAN 3050 LAUREL DR MOUNT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <b>George Pearson</b> <b>3420 Laurel Dr</b> <b>Mount Dora, FL 32757</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLEY, MARTHA 3440 LAUREL DRIVE MT DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <b>Candice Smith</b> <b>3050 Laurel Dr</b> <b>Mount Dora, FL 32757</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: **Peter Carrozza** **Peter Carrozza** **2-5-2008** **352**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #