


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739610 (4)**

1. Corporation Name  
**DORA PINES ASSOCIATION, UNIT III, INC.**



Principal Place of Business <b>PO BOX 1084 MOUNT DORA FL 32757 US</b>	Mailing Address <b>PO BOX 1084 MOUNT DORA FL 32757-1084 US</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>24</b> Country	<b>28</b> Country
<b>25</b>	<b>29</b>
<b>30</b>	

<b>3.</b> Date Incorporated or Qualified <b>07/07/1977</b>	<b>3a.</b> Date of Last Report <b>02/26/1996</b>
<b>4.</b> FEI Number <b>59-2268788</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**TALLY, LOU**  
**3900 LAKE CENTER DR A-4**  
**MOUNT DORA FL 32757**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>Edward P Jordan II, PA</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>18543 E HWY 50</b>
<b>83</b>	
<b>84</b> City	<b>Clermont</b>
<b>85</b> State	<b>FL</b>
Zip Code	<b>34711</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE 6/12/97

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>MORETON, ED</b>	
STREET ADDRESS	<b>1862 ELIZABETH LANE</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AUDETTE, LONNIE</b>	
STREET ADDRESS	<b>1840 STACEY DRIVE</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, DOROTHY</b>	
STREET ADDRESS	<b>1895 STACEY DRIVE</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARINO, ED</b>	
STREET ADDRESS	<b>1891 ELIZABETH LANE</b>	
CITY-ST-ZIP	<b>MT. DORA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAPP, KEITH</b>	
STREET ADDRESS	<b>2141 OAK CIRCLE</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Holsworth, Claude</b>	
6.3 STREET ADDRESS	<b>1960 Pinewood Lane</b>	
6.4 CITY-ST-ZIP	<b>MOUNT DORA, FL</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

CP2E037 (9/96)