


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 739610 (4)**

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



|  |                        |  |            |
|--|------------------------|--|------------|
| Principal Place of Business              |                        | Mailing Address                          |            |
| PO BOX 1084<br>MOUNT DORA FL 32757<br>US |                        | PO BOX 1084<br>MOUNT DORA FL 32757<br>US |            |
| 2. Principal Place of Business           | 2a. Mailing Address    |  |            |
| 21 Suite, Apt. #, etc.                   | 26 Suite, Apt. #, etc. |  |            |
| 22 City & State                          | 27 City & State        |  |            |
| 23 Zip                                   | 28 Country             | 29 Zip                                   | 30 Country |

3. Date Incorporated or Qualified  
**07/07/1977**

4. FEI Number  
**59-2268788**

Applied For  
 Yes  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**JORDAN, EDWARD P. II P  
13543 E HWY. 50  
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name **RACHEL HOLTECIAW**

82 Street Address (P.O. Box Number is Not Acceptable)  
**66 W SEMINOLE AVE**

83

84 City **EUSTIS** FL 85 Zip Code **32726**

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 Rachel Holtciaw **RACHEL HOLTECIAW** 3/29/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | DP<br>MORETON, ED<br>1862 ELIZABETH LANE<br>MOUNT DORA FL      | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| NAME                       | D<br>AUDETTE, LONNIE<br>1840 STACEY DRIVE<br>MOUNT DORA FL     | <input checked="" type="checkbox"/> DELETE            | 1.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| STREET ADDRESS             | DS<br>HOLSWORTH, CLAUDE<br>1980 PINEWOOD LANE<br>MOUNT DORA FL | <input type="checkbox"/> DELETE                       | 1.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP                | VPD<br>MARINO, ED<br>1891 ELIZABETH LANE<br>MT. DORA FL        | <input type="checkbox"/> DELETE                       | 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
|                            | D<br>SAPP, KEITH<br>2141 OAK CIRCLE<br>MOUNT DORA FL           | <input checked="" type="checkbox"/> DELETE            | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
|                            |  | <input type="checkbox"/> DELETE                       | 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
|                            |  | <input type="checkbox"/> DELETE                       | 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |  | <input type="checkbox"/> DELETE                       | 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
|                            |  | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
|                            |  | <input type="checkbox"/> DELETE                       | 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
|                            |  | <input type="checkbox"/> DELETE                       | 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |  | <input type="checkbox"/> DELETE                       | 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
|                            |  | <input type="checkbox"/> DELETE                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
|                            |  | <input type="checkbox"/> DELETE                       | 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
|                            |  | <input type="checkbox"/> DELETE                       | 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |  | <input type="checkbox"/> DELETE                       | 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
|                            |  | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
|                            |  | <input type="checkbox"/> DELETE                       | 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
|                            |  | <input type="checkbox"/> DELETE                       | 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |  | <input type="checkbox"/> DELETE                       | 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
|                            |  | <input type="checkbox"/> DELETE                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
|                            |  | <input type="checkbox"/> DELETE                       | 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
|                            |  | <input type="checkbox"/> DELETE                       | 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                            |  | <input type="checkbox"/> DELETE                       | 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition               |

|                    |                     |  |
|--------------------|---------------------|--|
| 1.1 TITLE          | DP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | DALE WAIL           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.3 STREET ADDRESS | 2051 OAK Circle     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.4 CITY-ST-ZIP    | MOUNT DORA FL 32757 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE          | D VP                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | PEGGY HOYT          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.3 STREET ADDRESS | 1745 Stacey Dr.     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.4 CITY-ST-ZIP    | MOUNT DORA FL 32757 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | TOD FABIAN          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.3 STREET ADDRESS | 1900 Elizabeth Lane | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.4 CITY-ST-ZIP    | MOUNT DORA FL 32757 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.3 STREET ADDRESS |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.4 CITY-ST-ZIP    |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.3 STREET ADDRESS |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.4 CITY-ST-ZIP    |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.3 STREET ADDRESS |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.4 CITY-ST-ZIP    |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I 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.

SIGNATURE: M. W. Weil 2/11/98

CP2E037 (10/97)