

FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90208 038 ****61.25

0014329

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739610

1. Corporation Name

DORA PINES ASSOCIATION, UNIT III, INC.

508176 - 90208 - 38



Principal Place of Business PO BOX 1084 MOUNT DORA FL 32757 US	Mailing Address PO BOX 1084 MOUNT DORA FL 32757 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/07/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2268788
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOLTZCLAW, RACHEL 66 W SEMINOLE AVE EUSTIS FL 32726		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL, DALE	1.2 NAME	
STREET ADDRESS	2051 OAK CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYT, PEGGY	2.2 NAME	
STREET ADDRESS	1745 STACEY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSWORTH, CLAUDE	3.2 NAME	Deborah Calderone
STREET ADDRESS	1960 PINWOOD LANE	3.3 STREET ADDRESS	2125 Brookside Dr.
CITY-ST-ZIP	MOUNT DORA FL	3.4 CITY-ST-ZIP	Mount Dora FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARINO, ED	4.2 NAME	Robert Loop
STREET ADDRESS	1891 ELIZABETH LANE	4.3 STREET ADDRESS	201 Brookside Dr.
CITY-ST-ZIP	MT. DORA FL	4.4 CITY-ST-ZIP	Mount Dora FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIAN, TED	5.2 NAME	Cecil Ballard
STREET ADDRESS	1900 ELIZABETH LANE	5.3 STREET ADDRESS	2600 Karen Dr.
CITY-ST-ZIP	MOUNT DORA FL 32757	5.4 CITY-ST-ZIP	Mount Dora FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: W. Signature Redaurewa Date: 4/30/99

CR2E037 (1/98)