

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90066 029 ****61.25

DOCUMENT # 739610

1. Entity Name

DORA PINES ASSOCIATION, UNIT III, INC.

Principal Place of Business

Mailing Address

PO BOX 1084
 MOUNT DORA FL 32757
 US

PO BOX 1084
 MOUNT DORA FL 32757
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2268788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLTZCLAW, RACHEL
66 W SEMINOLE AVE
EUSTIS FL 32726

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **JERNIGAN, JAMES**
 STREET ADDRESS **2523 KAREN DRIVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **MEMBER-AT-LARGE** Change Addition
 NAME **Jim POWERS**
 STREET ADDRESS **1900 ELIZABETH LANE**
 CITY-ST-ZIP **MT. DORA, FL 32757**

TITLE **DVP** Delete
 NAME **HEIMAN, CHRISTINE**
 STREET ADDRESS **1925 BROOKSIDE DRIVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **DESPAIN, PAT**
 STREET ADDRESS **2199 OAK CIRCLE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **VPD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **CRAWFORD, ROBERT H**
 STREET ADDRESS **1885 ERIC LANE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HINES, WILLIAM**
 STREET ADDRESS **2181 OAK CIRCLE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SEC.** Delete
 NAME **CATHY KLEIN**
 STREET ADDRESS **2001 Oak Cir.**
 CITY-ST-ZIP **MT. DORA, FL 32757**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Cathy Klein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-02
 Date

352-735-0843
 Daytime Phone #

CF2E037 (9/01)