


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90229 026 ****61.25

DOCUMENT # 739610 1. Entity Name DORA PINES ASSOCIATION, UNIT III, INC.					
Principal Place of Business PO BOX 1084 MOUNT DORA, FL 32757 US			Mailing Address PO BOX 1084 MOUNT DORA, FL 32757 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2268788	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLTZCLAW, RACHEL 66 W SEMINOLE AVE EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDIE, ERMA <i>out</i> <input checked="" type="checkbox"/> Delete 2535 KARON DR MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACK Meddaugh 2080 OAK Circle MT DORA FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, JIM <input type="checkbox"/> Delete 1900 ELIZABETH LANE MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JO ANN RYAN 2546 KAREN DR MT DORA FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEIMAN, CHRISTINE <i>out</i> <input checked="" type="checkbox"/> Delete 1925 BROOKSIDE DRIVE MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM V Effer 1901 ELIZABETH LANE MT DORA FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COPELAND, ROBERT <i>out</i> <input checked="" type="checkbox"/> Delete 2071 BROOKSIDE DR MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES Jernigan 2523 Karney DR MT DORA FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEIN, CATHY <i>out</i> <input checked="" type="checkbox"/> Delete 2001 OAK CIRCLE MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>James E Powers</i> JAMES POWERS 04/18/05 352-383-6733 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					