2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# 739610

Entity Name: DORA PINES ASSOCIATION, UNIT III, INC.

Current Principal Place of Business:

PO BOX 1084
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1084
MOUNT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-2268788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLTZCLAW, RACHEL
66 W SEMINOLE AVE
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MEDDAUGH, JACK	
Address:	2080 OAK CIRCLE	
City-St-Zip:	MT DORA, FL 32757	
Title:	P	( ) Delete
Name:	POWERS, JIM	
Address:	1900 ELIZABETH LANE	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	RYAN, JOANN	
Address:	2545 KAREN DR	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	T	( ) Delete
Name:	WEIFER, WILLIAM	
Address:	1901 ELIZABETH LANE	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	JERNIGAN, JAMES	
Address:	2523 KARMEY DR	
City-St-Zip:	MOUNT DORA, FL 32757	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	NEIFER, WILLIAM	
Address:	1901 ELIZABETH LANE	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM POWERS P 07/07/2006

Electronic Signature of Signing Officer or Director — Date