2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90018 027 ****61.25

Pincipal Place of Europes DATE Pincipal Place of Europes Pincipal Place of Eur	DOCUMENT # 739610 1. Entity Name DORA PINES ASSOCIATION, UNIT III, INC.						04-04-2008 9001	8 027 ****	51.25	
Side. Apr. #. stot. Suite. Apr. #. stot.	1 DORA PINES AVE PO BOX 1084				5		: Haira dunu hindi dari derik didel	AIAN 2051 ACTIL FIN	#11 F1 1811	
City & State City & State City & State Country City & State Country S. Certificate of Status Desired Seried Address of New Registered Agent For Required To Read Desired Seried Address (P.O. Box Number is Not Acceptable) Size Address Size Addres	Principal Place of Business - No P.O. Box # Mailing Address									
Sp. 22687/88	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03312008 CI	ng-NP CR2E	E037 (12/06)		
S. Settinication is stated retailed. Fee Required Fee Required T. Name and Address of Current Registered Agent Asima As	City & Stat	е	City & State				8	 	<u>·</u>	
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	ip Cour						
HOLTZCLAW, RACHEL 66 W SEMINOLE AVE EUSTIS, FL 32726 City FL Zip Code		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				
6. 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 SIGNATURE Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. DATE	66 W SEMINOLE AVE									
SIGNATURE Signature Supular, typed or printed rappet and title if substants Supular, typed or printed rappet and title in substants Supular, typed or printed rappet and title in sub					PL					
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TRILE DT Quiete IRITE MANE STREET ADDRESS MANE STREET ADDRESS CITY-ST-2P MITTURE D Change	the obligations of registered agent. SIGNATURE									
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NAME SIREET ADDRESS CITY-ST-2IP ITTLE DRAWN RYAN, JOANN SIREET ADDRESS CITY-ST-2IP ITTLE RYAN, JOANN SIREET ADDRESS CITY-ST-2IP ITTLE DRAWN SIREET ADDRESS CITY-ST-2IP ITTLE DRAWN MAME SIREET ADDRESS CITY-ST-2IP ITTLE DRAWN MAME SIREET ADDRESS CITY-ST-2IP MOUNT DORA, FL 32757 ITTLE DRAWN MAME SIREET ADDRESS CITY-ST-2IP MOUNT DORA, FL 32757 ITTLE DRAWN MOUNT DORA MAGINION MAGIN MOUNT DORA MAGINION MAGIN MOUNT DORA M	10,	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 reports a 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: **NAME STREET ADDRESS CITY-ST-ZIP **WH. Dola FL 33 157 **MH. Dola FL 33 157 **	NAME STREET ADDRESS	JERNIGAN, JAMES 2523 KARMEY DR	I ✓ Oelete	name Stree	TADDRESS 21	a Presiduch Cran	ut idell	Change	Addition	
indicated on this report or supplemental report is true and accurate and that my sonature shall have the same legal effect as it 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: ## -2 - 0 8	NAME STREET ADDRESS		☐ Delete	NAME STREE	et address	irector pery Ant 13 Dora Pi 1. Dora	leyed in Ed FL 32757		Addition	
	indicated of the co changed	d on this report or supplemental report reporation or the receiver or trustee em to or on an attachment with an address	is true and accurate and the cowered to execute this rep	at my signati port as requir	ure shall have the ed by Chapter (ne same legal effect as 617, Florida Statutes; ar	it made under oath; tha nd that my name appea	certify that the ir it I am an officer rs in Block 10 o	nformation or director r Block 11 if	