

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739610

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1 DORA PINES AVE  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1084  
MOUNT DORA, FL 32756 US

**New Mailing Address:**

**FEI Number:** 59-2268788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** T  
**Name:** CITAK, PAUL  
**Address:** 2050 STACEY DRIVE  
**City-St-Zip:** MT DORA, FL 32757

**Title:** P  
**Name:** PEET, MARILYN E  
**Address:** 2161 OAK CIR  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** VP  
**Name:** MORETON, ED  
**Address:** 1901 BROOKSIDE DRIVE  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** D  
**Name:** ZORNES, TIM  
**Address:** 2068 LAMPLIGHT CIRCLE  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** S  
**Name:** STAHL, RUSS  
**Address:** 2022 LAMPLIGHT CIRCLE  
**City-St-Zip:** MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

**SIGNATURE:** MARILYN PEET

PRES

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date