


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90075 049 ****61.25

DOCUMENT # 746909 1. Entity Name LAKE DORA VILLAS MANAGEMENT, INC.					
Principal Place of Business 100 S. TREMAIN ST. MOUNT DORA, FL 32757			Mailing Address P.O. BOX 1384 MOUNT DORA, FL 32756		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1908368	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF PA 2500 MAITLAND CENTER PKWY STE 209 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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> <div style="text-align: right;"><small>DATE</small></div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUX, JAMES 100 S TREMAIN ST A-4 MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, LILLIAN M. 100 SOUTH TREMAIN ST., D-4 MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MEADOWS, ROBERTA 100 SOUTH TREMAIN ST., E-2 MOUNT DORA, FL 32757		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SDTD FORBES, ELIZABETH A 100 SOUTH TREMAIN ST., E-3 MOUNT DORA, FL 32757		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD PEMBERTON, JEFFREY 100 SOUTH TREMAIN ST., C-1 MOUNT DORA, FL 32757		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D BRANHAM, RICHARD A 100 SOUTH TREMAIN ST., G-4 MOUNT DORA, FL 32757		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD BUSH, CHARLES 100 SOUTH TREMAIN ST., A-1 MOUNT DORA, FL 32757		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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>Elizabeth A. Forbes</i> Elizabeth A. Forbes, TREASURER		3/30/07		352 383-4198	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	