## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#746909** 

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Entity Name: LAKE DORA VILLAS MANAGEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 100 S. TREMAIN ST. MOUNT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** P.O. BOX 1384 MOUNT DORA, FL 32756 FEI Number: 59-1908368 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF PA 2500 MAITLAND CENTER PKWY STE 209 MAITLAND, FL 32751 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARTWIG, CRAIG Name: Name: 100 S TREMAIN ST J4 Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: CLARK, JANET Name: Address: 100 S TREMAIN ST G1 Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FORBES, ELIZABETH A FORBES, ELIZABETH A Name: Name: Address: 100 SOUTH TREMAIN ST., E-3 Address: 100 SOUTH TREMAIN ST., E-3 City-St-Zip: MOUNT DORA, FL 32757 US City-St-Zip: MOUNT DORA, FL 32757 US Title: VD ( ) Delete Title: () Change () Addition Name: PIGHETTI, DOROTHY Name: Address: 100 S TREMAIN ST D2 Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: () Delete Title: STD (X) Change ( ) Addition BUSH, CHARLES Name: Name: BUSH, CHARLES 100 SOUTH TREMAIN ST SUITE A-1 100 SOUTH TREMAIN ST SUITE A-1 Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES BUSH STD 01/15/2009