

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005746

FILED
Apr 26, 2005
Secretary of State

Entity Name: LAURELS OF MOUNT DORA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8290 MERGANSER DR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789

Current Mailing Address:

8290 MERGANSER DR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789

FEI Number: 04-3624284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, DR. A E JR
8290 MERGANSER DR
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

VANDER VLIET, AMANDA M
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: AMANDA M VANDER VLIET

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ANDERSON, AUGUSTUS E JR
Address: 8290 MERGANSER DR
City-St-Zip: PONTE VEDRA, FL 32802

Title: VD () Delete
Name: ANDERSON, ROBERT L
Address: 1655 EE WILLIAMSON RD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ANDERSON, JOYCE M
Address: 8290 MERGANSER DR
City-St-Zip: PONTE VEDRA, FL 32802

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANTHONY, TINO
Address: 7672 LAKE ANGELINA DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: VD (X) Change () Addition
Name: BAUM, FRANK
Address: 7721 LAKE ANGELINA DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: SD (X) Change () Addition
Name: RICHMOND, PAM
Address: 7601 LAKE ANGELINA DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: TD () Change (X) Addition
Name: WILSEY, SANDY
Address: 7822 LAKE ANGELINA DRIVE
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TINO ANTHONY

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date