

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005746

FILED
Mar 20, 2007
Secretary of State

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

Current Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 04-3624284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRACKIN, ANDREA
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: ANDREA BRACKIN

03/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: KILMER, BRUCE
Address: 7660 LAKE ANGELINA DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: SD () Delete
Name: DOWDY, CONNIE
Address: 7702 ANGELINA VIEW DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: TD () Delete
Name: HANLEY, DENNIS
Address: 7685 LAKE ANGELINA DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: D () Delete
Name: TOWNE, RICHARD
Address: 7684 LAKE ANGELINA DRIVE
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P/D (X) Change () Addition
Name: KALOGRIIS, SHARON
Address: 7667 LAKE ANGELINA DR.
City-St-Zip: MT. DORA, FL 32757

Title: D (X) Change () Addition
Name: DOWDY, CONNIE
Address: 7702 ANGELINA VIEW DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: S/D (X) Change () Addition
Name: HANLEY, DENNIS
Address: 7685 LAKE ANGELINA DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON KALOGRIIS

P/D

03/20/2007

Electronic Signature of Signing Officer or Director

Date