2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005746

Apr 28, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

882 JACKSON AVENUE WINTER PARK, FL 32789

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

T/D () Delete (X) Change () Addition ANTHONY, TINO ANTHONY, TINO Name: Name: 7672 LAKE ANGELINA DRIVE Address: 7672 LAKE ANGELINA DRIVE Address:

City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. DORA, FL 32757

Title: P/D () Delete Title: (X) Change () Addition KALOGRIS, SHARON Name: KALOGRIS, SHARON Name:

Address: 7667 LAKE ANGELINA DR. Address: 7667 LAKE ANGELINA DR. City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. DORA, FL 32757

Title: () Delete Title: T/D (X) Change () Addition DOWDY, CONNIE GARNER, CHIP Name: Name:

Address:

7702 ANGELINA VIEW DRIVE 7643 ANGELINA VIEW DRIVE Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. DORA, FL 32757

(X) Change () Addition Title: S/D () Delete Title: S/D

Name: HANLEY, DENNIS Name: HAMPTON, JIM 7679 LAKE ANGELINA DRIVE Address: 7685 LAKE ANGELINA DRIVE Address:

City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. DORA, FL 32757

Title: () Delete Title: (X) Change () Addition

TOWNE, RICHARD RICCI, DEANNA Name: Name:

7684 LAKE ANGELINA DRIVE 7828 LAKE ANGELINA DRIVE Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: MT. 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: TINO ANTHONY PD 04/28/2008