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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00140 (6)

1. Corporation Name

LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION, INCORP ORATED

Principal Place of Business	Mailing Address
3560 HARBOUR DR. MOUNT DORA FL 32757 US	3560 HARBOUR DR. MOUNT DORA FL 32757 US

3. Date Incorporated or Qualified: 12/02/1983

4. FEI Number: 59-2414572 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): SAME

2a. Mailing Address (26): SAME

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WATSON, BRIAN
3560 HARBOUR DR.
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: PAULINE WATSON

82 Street Address (P.O. Box Number is Not Acceptable): 3560 HARBOUR DR.

83 MOUNT DORA

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Pauline P. Watson — PAULINE P. WATSON - TREASURER — 1/21/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☑ DELETE	1.1 TITLE	~~VICE PRESIDENT~~ VD	☑ Change ☐ Addition
NAME	CRANE, FRANK		1.2 NAME	JAY KENT	
STREET ADDRESS	131 LAKEVIEW LANE		1.3 STREET ADDRESS	110 LAKEVIEW LANE	
CITY-ST-ZIP	MOUNT DORA FL		1.4 CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	TD	☑ DELETE	2.1 TITLE	~~TREASURER~~ TD	☑ Change ☐ Addition
NAME	WATSON, BRIAN		2.2 NAME	PAULINE WATSON	
STREET ADDRESS	3560 HARBOUR DR.		2.3 STREET ADDRESS	3560 HARBOUR DR.	
CITY-ST-ZIP	MOUNT DORA FL		2.4 CITY-ST-ZIP	MOUNT DORA, FL	
TITLE	SD	☑ DELETE	3.1 TITLE	~~SECRETARY~~ SD	☑ Change ☐ Addition
NAME	MALANEY, ROBERT		3.2 NAME	JOE LAMBERT	
STREET ADDRESS	3480 HARBOUR DRIVE		3.3 STREET ADDRESS	35W1 HARBOUR DR	
CITY-ST-ZIP	MT. DORA FL		3.4 CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	PD	☑ DELETE	4.1 TITLE	~~PRESIDENT~~ PD	☑ Change ☐ Addition
NAME	LAMBERT, JOE		4.2 NAME	JAMES SCHEFFER	
STREET ADDRESS	35 W HARBOUR DR		4.3 STREET ADDRESS	130 LAKEVIEW LANE	
CITY-ST-ZIP	MT DORA FL		4.4 CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Pauline Watson PAULINE WATSON TREASURER 3/4/98