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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N00140

(6)

LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION, INCORP **ORATED**

FILED Mar 26 1998 8:00am Secretary of State

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	e of Business	Mailing Address				
3560 HARBOUR MOUNT DORA US		3560 HARBOUR DR. MOUNT DORA FL 32757 US			3. Date Incorporated or Qualified 12/02/1983	
		00			4. FEI Number Applied F	
<u> </u>		1.4		<u>-</u> -	59-2414572 Not Appli	licable
	lace of Business SAME	2a. Mailing Address	سو		Certificate of Status Desired Sa.75 Addition	-
Suite, Apt.		26 <i>SAME</i> Suite, Apt. #, etc.			Fee Required	
22	Ψ ₁ Θ (0.	27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	8	City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			✓ Yes □ No	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year intangible	е
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registered Agent	
				1 1	PAULINE WATSON	
	N, BRIAN		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	RBOUR DR.		83		60 HARBOUR DR.	
MOUNT	DORA FL 32757		~		OUNT DORA /	
			84	City	FI 85 Zip Code	
11 Purcuant	to the provisions of Sections 617.05	02 and 617 1508 Florida Stat	utes the show	/o-named c		tore
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corpo	corporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as register	ered
agent. I ar	m familiar with and accept the only				WATSON - TREASURER 1/21/	a s
	Janillan F.	Valor				
SIGNATURE _	Stangure, wood or printed name of registered a		PAUL I	N 15 1.	outred when reinstation	
	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable (NO	TAULI DTE: Registered Ac	gent signature re	equired when reinstating) DATE	2
			DTE: Registered Ac	gent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 446 5 7667 0617	
12.	OFFICERS A	gent and title if applicable (NO	TE: Registered Ac	jent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ###################################	
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PAULINE WATSON TRUPSURER 3/4/98