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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00140**

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

2. Principal Place of Business 21 130 LAKEVIEW LANE Suite, Apt. #, etc. 22 City & State 23 MOUNT DORA, FL Zip 24 32757 Country 25 USA	2a. Mailing Address 26 130 LAKEVIEW LANE Suite, Apt. #, etc. 27 City & State 28 MOUNT DORA, FL Zip 29 32757 Country 30 USA	3. Date Incorporated or Qualifed 12/02/1983 4. FEI Number 59-2414572 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WATSON, PAULINE
3560 HARBOUR DR
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: MARGARET SCHEFFER
82 Street Address (P.O. Box Number is Not Acceptable)
83: 130 LAKEVIEW LANE
84 City: MOUNT DORA, 85 FL Zip Code: 32757

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: Margaret Scheffer MARGARET SCHEFFER TREASURER 3-3-99
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	D	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	KENT, JAY		1.2 NAME	FRANK CRANE	
STREET ADDRESS	110 LAKEVIEW LANE		1.3 STREET ADDRESS	130 LAKEVIEW LN	
CITY-ST-ZIP	MOUNT DORA FL 32757		1.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	WATSON, PAULINE		2.2 NAME	MARGARET SCHEFFER	
STREET ADDRESS	3560 HARBOUR DR		2.3 STREET ADDRESS	130 LAKEVIEW LANE	
CITY-ST-ZIP	MOUNT DORA FL		2.4 CITY-ST-ZIP	MT. DORA, FL 32757	
TITLE	~~SD~~	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~MALANEY, ROBERT~~		3.2 NAME		
STREET ADDRESS	~~3480 HARBOUR DRIVE~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~MT. DORA FL~~		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERT, JOE		4.2 NAME		
STREET ADDRESS	3541 HARBOUR DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME	SCHEFFER, JAMES		5.2 NAME	JAY KENT	
STREET ADDRESS	130 LAKEVIEW LANE		5.3 STREET ADDRESS	110 LAKEVIEW LANE	
CITY-ST-ZIP	MOUNT DORA FL 32757		5.4 CITY-ST-ZIP	MT. DORA, FL 32757	
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 (11/98)

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, with all other like empowered.

3/3/99 352

SIGNATURE: Margaret Scheffer SIGNATURE REQUIRED MARGARET SCHEFFER, TREASURER 735-4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #