2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90007 023 ****61.25

DOCUMENT # N00140

1. Entity Name

LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION, INCORP

Principal Place of Business	Mailing Address
130 LAKEVIEW LANE MOUNT DORA FL ~~32769~~ 32757 US	130 LAKEVIEW LANE MOUNT DORA FL 32757-5411 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHEFFER, MARGARET 130 LAKEVIEW LANE MOUNT DORA FL 32757	Name Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code

8. *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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ CRANE, FRANK ~~130~~ LAKEVIEW LN MOUNT DORA FL 32757	☐ Delete	PD CRANE, FRANK 131 LAKEVIEW LN MOUNT DORA FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~SCUFFER~~ MARGARET 130 LAKEVIEW LANE MOUNT DORA FL ~~32757~~	☐ Delete	TD SCHEFFER 130 LAKEVIEW LN MOUNT DORA FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~MALANEY, ROBERT~~ ~~3480 HARBOUR DRIVE~~ ~~MT. DORA FL~~	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~LAMBERT, JOE~~ 3541 HARBOUR DR MOUNT DORA FL 32757	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ KENT, JAY ~~130~~ LAKEVIEW LANE MOUNT DORA FL 32757	☐ Delete	VD KENT, JAY 110 LAKEVIEW LN MOUNT DORA FL 32757	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEN FUGLESTAD 3540 HARBOUR DR MOUNT DORA FL 32757	☐ Delete	SD FUGLESTAD, KEN 3540 HARBOUR DR. MOUNT DORA FL 32757	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MARGARET 1-352

SIGNATURE: SIGNATURE REQUIRED SCHEFFER-TREAS. 4/19/00 735-4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #