

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00140

1. Entity Name

LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION, INCORP

Principal Place of Business

Mailing Address

130 LAKEVIEW LANE
MOUNT DORA FL 32769
US

130 LAKEVIEW LANE
MOUNT DORA FL 32769
US

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)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME CRANE, FRANK
STREET ADDRESS 131 LAKEVIEW LANE
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SCHEFFER, MARGARET
STREET ADDRESS 130 LAKEVIEW LANE
CITY-ST-ZIP MOUNT DORA FL 32767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
ZIP = 32757

TITLE SD
NAME FUGLESTAD, KEN
STREET ADDRESS 3540 HARBOUR DRIVE
CITY-ST-ZIP MOUNT DORA FL 32757 ☒ Delete

TITLE SD
NAME RUSSELL, JAMES
STREET ADDRESS 3559 HARBOUR DR.
CITY-ST-ZIP MOUNT DORA, FL 32757 ☐ Change ☒ Addition

TITLE VD
NAME KENT, JAY
STREET ADDRESS 110 LAKEVIEW LANE
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Margaret L. Scheffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

S Margaret L. Scheffer
130 Lakeview Ln
Mount Dora, FL 32757-5411

Date

Daytime Phone #

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90052 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)