

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90015 021 ****61.25

DOCUMENT # N00140					
1. Entity Name LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION, INCORPORATED					
Principal Place of Business 3540 HARBOR DR MOUNT DORA, FL 32757 US			Mailing Address 3540 HARBOUR MOUNT DORA, FL 32757 US		
2. Principal Place of Business - No P.O. Box # 3436 HARBOUR DRIVE Suite, Apt. #, etc.		3. Mailing Address 3436 HARBOUR DRIVE Suite, Apt. #, etc.			
City & State MOUNT DORA, FL.		City & State MOUNT DORA, FL.		4. FEI Number 59-2414572	
Zip 32757		Country U.S.		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01112008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent RIZZO, LORETTA 3540 HARBOUR DR. MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name: DON VINTILLA Street Address (P.O. Box Number is Not Acceptable): 3436 HARBOUR DRIVE City: MOUNT DORA FL Zip Code: 32757		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 3/16/08 DATE (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME EVERLY, LARRY STREET ADDRESS 3131 LAKESHORE DR CITY-ST-ZIP MOUNT DORA, FL 32757	☒ Delete		TITLE PRESIDENT NAME TEMARES, ROBIN STREET ADDRESS 3461 HARBOUR DRIVE CITY-ST-ZIP MOUNT DORA, FL 32757	☒ Change ☐ Addition	
TITLE TD NAME VINTILLA, DON STREET ADDRESS 3436 HARBOUR DR CITY-ST-ZIP MOUNT DORA, FL 32757	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE SD NAME RUSSELL, JAMES STREET ADDRESS 3559 HARBOUR DR CITY-ST-ZIP MOUNT DORA, FL 32757	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE VP NAME TEMARES, ROBIN STREET ADDRESS 3461 HARBOUR DR CITY-ST-ZIP MOUNT DORA, FL 32757	☒ Delete		TITLE VICE PRESIDENT NAME GAGLIANO, JEANNE STREET ADDRESS 3541 HARBOUR DRIVE CITY-ST-ZIP MOUNT DORA, FL 32757	☒ 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 exemptions contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/16/08 (352) 687-5421 Date Daytime Phone #		