2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00140

FILED Apr 03, 2009 Secretary of State

Entity Name: LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
	BOUR DRIVE ORA, FL 3275	57 US		
Current M	ailing Addres	s:	New Mailing Addr	ress:
	BOUR DRIVE ORA, FL 3275	7 US		
FEI Number:	59-2414572	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
	DON BOUR DRIVE ORA, FL 3275	57 US		
	named entity s e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,
	e of Florida. * RE:			
in the State	e of Florida. * RE:	submits this statement for the		ered office or registered agent, or both, Date
in the State	e of Florida. * RE:	ic Signature of Registered Ag	ent	
in the State	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ag TORS: Delete BIN R DRIVE	ent	Date
in the State SIGNATUF OFFICER: Title: Name: Address:	E of Florida. RE: Electron S AND DIREC P () TEMARES, ROI 3461 HARBOUF MOUNT DORA,	ric Signature of Registered Ag TORS: Delete BIN R DRIVE FL 32757 Delete	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTORS
in the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	E of Florida. RE: Electron S AND DIREC P () TEMARES, ROI 3461 HARBOUF MOUNT DORA, TD () VINTILLA, DON 3436 HARBOUF MOUNT DORA,	ic Signature of Registered Ag TORS: Delete BIN R DRIVE FL 32757 Delete R DR FL 32757 Delete RES R DR	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON VINTILLA TD 04/03/2009