

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90322 045 *****61.25

DOCUMENT # N00140

1. Entity Name

LAKE DORA HARBOUR HOMEOWNERS ASSOCIATION, INCORPORATED



Principal Place of Business

**130 LAKEVIEW LANE
MOUNT DORA FL 32757
US**

Mailing Address

**130 LAKEVIEW LANE
MOUNT DORA FL 32757
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

**SCHEFFER, MARGARET
130 LAKEVIEW LANE
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

Name

LORETTA RIZZO

Street Address (P.O. Box Number is Not Acceptable)

3540 HARBOUR DR.

City

MT. DORA, FL

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

Loretta Rizzo **LORETTA RIZZO**

3/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME **TD SCHEFFER, MARGARET**
STREET ADDRESS **130 LAKEVIEW LANE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME **SD RUSSELL, JAMES**
STREET ADDRESS **3559 HARBOUR DRIVE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **TD LORETTA RIZZO**
STREET ADDRESS **3540 HARBOUR DR.**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Loretta Rizzo **LORETTA RIZZO** **3/29/03** **352-735-3050**

CR2E037 (10/02)