

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003129

Entity Name: MOUNT DORA 2010, INC.

FILED  
Apr 28, 2007  
Secretary of State

## Current Principal Place of Business:

408 N TREMAIN STREET  
MOUNT DORA, FL 32757

## New Principal Place of Business:

## Current Mailing Address:

408 N TREMAIN STREET  
MOUNT DORA, FL 32757

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURR, A L  
408 N TREMAIN STREET  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOWARD, ROBERT  
Address: 2017 HILLSIDE ST.  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP ( ) Delete  
Name: LIND, DALE  
Address: 250 BROOKEFIELD AVE.  
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete  
Name: BURR, ANDREA  
Address: 206 E. 9TH AVE.  
City-St-Zip: MOUNT DORA, FL 32757

Title: T ( ) Delete  
Name: HENSINGER, BETTY  
Address: 600 NORTH DONNELLY ST.  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: A BURR

S

04/28/2007

Electronic Signature of Signing Officer or Director

Date