

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO4777 (1)
1. Corporation Name
MT. DORA COMMONS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O PHILIP J. COCHRAN **C/O PHILIP J. COCHRAN**
1400 EUDORA RD **1400 EUDORA RD**
MT. DORA FL 32757 **MT. DORA FL 32757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/20/1984** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2690895** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

COCHRAN, PHILIP J.
1400 EUDORA RD
MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and his or her agent. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCEREAU, STEVE
STREET ADDRESS	5713 ARGOSY CT
CITY ST ZIP	ORLANDO FL
TITLE	SD
NAME	PINTO, MELISSE
STREET ADDRESS	4097 LAKE SHORE DR
CITY ST ZIP	MT DORA FL
TITLE	TD
NAME	GOSLIN, THOMAS
STREET ADDRESS	12093 WALKER POND RD
CITY ST ZIP	WINTER GARDEN FL
TITLE	D
NAME	MABRY, JACKIE
STREET ADDRESS	1400 EUDORA N A-7
CITY ST ZIP	MT DORA FL
TITLE	D
NAME	REUTERWALL, OWEN
STREET ADDRESS	312 E WATERS AVE
CITY ST ZIP	TAMPA FL
TITLE	V
NAME	MORRIS, BETTY
STREET ADDRESS	32043 PIKE STREET
CITY ST ZIP	TAVARES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	Petersen, Juerg
34 CITY ST ZIP	2079 S Kirkman RD # 158 Orlando, FL 32811
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	Rumpf, Robert
54 CITY ST ZIP	1920 N Rio Grande Orlando, FL 32804
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jackie A. Mabry* **4-28-95** **904-383-4171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Address