

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N04777 (1)**

1. Corporation Name

**MT. DORA COMMONS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O PHILIP J. COCHRAN  
1400 EUDORA RD  
MT. DORA FL 32757

C/O PHILIP J. COCHRAN  
1400 EUDORA RD  
MT. DORA FL 32757

3. Date Incorporated or Qualified

**08/20/1984**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1400 Eudora Rd.**

**26 1400 Eudora Rd.**

4. FEI Number

**59-2690895**

Applied For

Not Applicable

**22 Suite, Apt. #, etc. Office**

**27 Suite, Apt. #, etc. Office**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

City & State

City & State

**23 MT. DORA, FL**

**28 MT. DORA, FL**

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 32757**

**25 Lake**

**29 32757**

**30 lake**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

**C. Scott Rea**

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

**1400 Eudora Rd.**

83

84 City

**Mt. Dora**

**FL**

85 Zip Code

**32757**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*C. Scott Rea*

**C. Scott Rea**

**4-29-96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **MARCEREAU, STEVE**  
STREET ADDRESS **5713 ARGOSY CT**  
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **Sect.** ☐ Change ☒ Addition

1.2 NAME **Warner, Peggy**  
1.3 STREET ADDRESS **1400 Eudora Rd. Apt. C-20**  
1.4 CITY-ST-ZIP **Mt. Dora, Fl. 32757**

TITLE **SD** ☒ DELETE

NAME **PINTO, MELISSE**  
STREET ADDRESS **4097 LAKE SHORE DR**  
CITY-ST-ZIP **MT DORA FL**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Yeuell Watkins**  
2.3 STREET ADDRESS **550 S. Highland St.**  
2.4 CITY-ST-ZIP **Mt. Dora, Fl. 32757**

TITLE **D** ☒ DELETE

NAME **PETERSEN, JUERG**  
STREET ADDRESS **2079 S KIRKMAN RD 158**  
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Gregory, Jeff**  
3.3 STREET ADDRESS **11619 Lane Park**  
3.4 CITY-ST-ZIP **Tavares, Fl. 32778**

TITLE **D** ☒ DELETE

NAME **MABRY, JACKIE**  
STREET ADDRESS **1400 EUDORA N A-7**  
CITY-ST-ZIP **MT DORA FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **RUMPF, ROBERT**  
STREET ADDRESS **1920 N RIO GRANDE**  
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE

NAME **MORRIS, BETTY**  
STREET ADDRESS **32043 PIKE STREET**  
CITY-ST-ZIP **TAVARES FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(3)(k), 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:

*Peggy Warner*

**PEGGY WARNER SECT.**

**4-29-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)