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FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04777** (1)  
1. Corporation Name  
**MT. DORA COMMONS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1400 EUDORA RD. OFFICE MT. DORA FL 32757 US</b>	Mailing Address <b>1400 EUDORA RD. OFFICE MT. DORA FL 32757-3540 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/20/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2690895</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REA, C. S  
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 <b>FL</b> 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARCEREAU, STEVE</b>	
STREET ADDRESS	<b>5713 ARGOSY CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATKINS, YUELL</b>	
STREET ADDRESS	<b>550 S. HIGHLAND ST.</b>	
CITY-ST-ZIP	<b>MT DORA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREGORY, JEFF</b>	
STREET ADDRESS	<b>11619 LANE PARK</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WARNER, PEGGY</b>	
STREET ADDRESS	<b>1400 EUDORA RD. APT. C-20</b>	
CITY-ST-ZIP	<b>MT. DORA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUMPF, ROBERT</b>	
STREET ADDRESS	<b>1920 N RIO GRANDE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, BETTY</b>	
STREET ADDRESS	<b>32043 PIKE STREET</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TERRY CARNBY</b>	
1.3 STREET ADDRESS	<b>12050 STUART LANE</b>	
1.4 CITY-ST-ZIP	<b>KEESBURG FL. 34788</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JERRY PETERSON</b>	
3.3 STREET ADDRESS	<b>14822 QUAILTRAIL CIRCLE</b>	
3.4 CITY-ST-ZIP	<b>HUNTER'S CREEK ORLANDO, FL. 32837</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 S Warner* REQUIRED *Peggy S Warner* 4.30.97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014323

CR2E037 (9/96)