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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1400 EUDORA RD. OFFICE MT. DORA FL 32757 US	Mailing Address 1400 EUDORA RD. OFFICE MT. DORA FL 32757-3540 US
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3. Date Incorporated or Qualified 08/20/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2690895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

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

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARCEREAU, STEVE	
STREET ADDRESS	5713 ARGOSY CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATKINS, YEUELL	
STREET ADDRESS	550 S. HIGHLAND ST.	
CITY-ST-ZIP	MT DORA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREGORY, JEFF	
STREET ADDRESS	11819 LANE PARK	
CITY-ST-ZIP	TAVARES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WARNER, PEGGY	
STREET ADDRESS	1400 EUDORA RD. APT. C-20	
CITY-ST-ZIP	MT. DORA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUMPF, ROBERT	
STREET ADDRESS	1920 N RIO GRANDE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRIS, BETTY	
STREET ADDRESS	32043 PIKE STREET	
CITY-ST-ZIP	TAVARES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TERRY CARNBY	
1.3 STREET ADDRESS	12050 STUART LANE	
1.4 CITY-ST-ZIP	KEESBURG FL. 34788	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JURGEN PETERSON	
3.3 STREET ADDRESS	14822 QUAILTRAIL CIRCLE	
3.4 CITY-ST-ZIP	HUNTER'S CREEK ORLANDO, FL. 32837	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<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 Date 4.30.97 Daytime Phone # 0014328

CR2E037 (9/96)