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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **NO4777** (1)
1. Corporation Name
MT. DORA COMMONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1400 EUDORA RD. OFFICE MT. DORA FL 32757 US	1400 EUDORA RD. OFFICE MT. DORA FL 32757 US

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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	08/20/1984
4. FEI Number	59-2690895
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REA, C. S.
1400 EUDORA RD.
MT. DORA FL 32757

81 Name	YEVELL WATKINS
82 Street Address (P.O. Box Number is Not Acceptable)	1400 EUDORA RD.
83	
84 City	MT. DORA
85 State	FL
86 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 Yevel G. Watkins - YEVELL G. WATKINS V-P APRIL 23, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARNEY, TERRY	
STREET ADDRESS	12050 STUART LANE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATKINS, YEVELL	
STREET ADDRESS	550 S. HIGHLAND ST.	
CITY-ST-ZIP	MT DORA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, JUERG	
STREET ADDRESS	14522 QUAIL TRAIN CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WARNER, PEGGY	
STREET ADDRESS	1400 EUDORA RD. APT. C-20	
CITY-ST-ZIP	MT. DORA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RUMPF, ROBERT	
STREET ADDRESS	1920 N RIO GRANDE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, BETTY	
STREET ADDRESS	32043 PIKE STREET	
CITY-ST-ZIP	TAVARES FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1400 EUDORA RD.	
2.3 STREET ADDRESS	MT. DORA FL	
2.4 CITY-ST-ZIP	32757	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACKIE WATKINS	
3.3 STREET ADDRESS	26430 SAVAGE CIRCLE	
3.4 CITY-ST-ZIP	HOWAY IN THE HILLS FL	
4.1 TITLE	CHRISTINE SCAGLIA TREES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	10907 MEMORY LANE	
4.3 STREET ADDRESS	TAVARES FL	
4.4 CITY-ST-ZIP	32778	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHARON LEWIS	
5.3 STREET ADDRESS	14929 LENZE RD.	
5.4 CITY-ST-ZIP	TAVARES, FL	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KANDI HARDESTY	
6.3 STREET ADDRESS	3570 MARY LANE	
6.4 CITY-ST-ZIP	MT. DORA, FL	

14. I 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: Yevel G. Watkins APRIL 23, 1998 352-735-0901

CR2E037 (10/97)