

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90011 047 ****61.25

DOCUMENT # N04777

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
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/20/1984

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

9. Name and Address of Current Registered Agent

WATKINS, YUELL
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 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 **P** ☒ DELETE
NAME **CARNEY, TERRY**
STREET ADDRESS **12050 STUART LANE**
CITY-ST-ZIP **LEESBURG FL**

TITLE **V** ☐ DELETE
NAME **WATKINS, YUELL**
STREET ADDRESS **1400 EUDORA RD.**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **S** ☐ DELETE
NAME **WATKINS, JACKIE**
STREET ADDRESS **26430 SAVAGE CIRCLE**
CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737**

TITLE **T** ☒ DELETE
NAME **SCAGLIA, CHRISTINE**
STREET ADDRESS **10907 MEMORY LANE**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ DELETE
NAME **LEWIS, SHARON**
STREET ADDRESS **14929 LENZE RD**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ DELETE
NAME **HARDESTY, KANDI**
STREET ADDRESS **3570 MARY LANE**
CITY-ST-ZIP **MT. DORA FL 32757**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☒ Addition
1.2 NAME **Roger Lewis**
1.3 STREET ADDRESS **14929 Lenze Rd**
1.4 CITY-ST-ZIP **TAVARES, FL 32778**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME **Sharon Lewis**
2.3 STREET ADDRESS **14929 Lenze Rd**
2.4 CITY-ST-ZIP **TAVARES, FL 32778**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **YUELL WATKINS**
3.3 STREET ADDRESS **26430 SAVAGE CIRCLE**
3.4 CITY-ST-ZIP **Howey in the Hills, FL 34737**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Bill Oll**
4.3 STREET ADDRESS **1400 Eudora Road - Office**
4.4 CITY-ST-ZIP **MT. DORA, FL 32757**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **JOE L. SLEST III**
5.3 STREET ADDRESS **827 Lee Street**
5.4 CITY-ST-ZIP **WILBROOK, FL 32785**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **YUELL WATKINS** **EQUITY** **WATKINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99
Date

352-735-0901
Daytime Phone #

CR2E037 (5/99)