

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90106 035 ****61.25

DOCUMENT # N04777

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2690895**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, YEVELL
1400 EUDORA RD.
MT. DORA FL 32757

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WATKINS, YEVELL	
STREET ADDRESS	26430 SAVAGE CIRCLE	
CITY-ST-ZIP	HOWEY IN THE HILLS FL 34737	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HANN, TROY	
STREET ADDRESS	1400 EUDORA ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARDESTY, KADI	
STREET ADDRESS	1400 EUDORA ROAD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATKINS, JACKIE	
STREET ADDRESS	26430 SAVAGE CIRCLE	
CITY-ST-ZIP	HOWEY IN THE HILLS FL 34737	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, SHARON	
STREET ADDRESS	14929 LENZE RD	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDESTY, KANDI	
STREET ADDRESS	3570 MARY LANE	
CITY-ST-ZIP	MT. DORA FL 32757	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAROAR EINARSSON	
STREET ADDRESS	1400 EUDORA RD	
CITY-ST-ZIP	MOUNT DORA FL 32757	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yevell Watkins* **YEVELL WATKINS**

3/5/01

352-735-0190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (10/00)