

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90016 030 ****70.00

DOCUMENT # N04777

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2690895

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**



DO NOT WRITE IN THIS SPACE

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

Kandi Hardesty

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

1400 Eudora Rd - Office

City

Mt Dora

FL

Zip Code
32757

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

[Handwritten Signature]

1-15-02

(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** ☒ Delete
NAME **WATKINS, YEVELL**
STREET ADDRESS **26430 SAVAGE CIRCLE**
CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737**

TITLE **President/Director** ☐ Change ☒ Addition
NAME **Hall, Herbert**
STREET ADDRESS **1400 Eudora Rd**
CITY-ST-ZIP **Mt Dora, FL 32757**

TITLE **DT** ☐ Delete
NAME **HARDESTY, KADI**
STREET ADDRESS **1400 EUDORA ROAD**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **Director/Tres./Sec.** ☒ Change ☐ Addition
NAME **Hardesty, Kandi**
STREET ADDRESS **1400 Eudora Road**
CITY-ST-ZIP **Mount Dora, FL 32757**

TITLE **DS** ☒ Delete
NAME **WATKINS, JACKIE**
STREET ADDRESS **26430 SAVAGE CIRCLE**
CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **EINARSSON, GARDAR**
STREET ADDRESS **1400 EUDORA RD**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **Vice Pres/Director** ☒ Change ☐ Addition
NAME **Einarsson, Gardar**
STREET ADDRESS **1400 Eudora Rd**
CITY-ST-ZIP **Mt Dora, FL 32757**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing is true and accurate 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: [Handwritten Signature]

(Signature and typed or printed name of signing officer or director)

1-15-02

352-735-0901

Date

Daytime Phone #

CR2E037 (9/01)