

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90120 019 \*\*\*\*61.25

**DOCUMENT # N04777**

1. Entity Name  
DORA ROSE 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

4000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2690895

Applied For  
Not Applicable

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

HARDESTY, KANDI  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME HALL, HERBERT  
STREET ADDRESS 1400 EUDORA RD  
CITY-ST-ZIP MOUNT DORA, FL 32757 ☒ Delete

TITLE D  
NAME Blake Terwilliger  
STREET ADDRESS 1400 Eudora Road  
CITY-ST-ZIP Mount Dora, FL 32757 ☐ Change ☒ Addition

TITLE DTS  
NAME HARDESTY, KANDI JO  
STREET ADDRESS 1400 EUDORA ROAD  
CITY-ST-ZIP MOUNT DORA, FL 32757 ☐ Delete

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

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

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

TITLE D  
NAME FELTON, ELLEEN C  
STREET ADDRESS 1400 EUDORA RD.  
CITY-ST-ZIP MOUNT DORA, FL 32757 ☐ Delete

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

TITLE D  
NAME NOYES, STEVE  
STREET ADDRESS 1400 EUDORA ROAD  
CITY-ST-ZIP MOUNT DORA, FL 32757 ☐ Delete

TITLE P  
NAME NOYES, STEVE  
STREET ADDRESS 1400 Eudora Road  
CITY-ST-ZIP Mount Dora, FL 32757 ☒ Change ☐ Addition

TITLE D  
NAME KOSSIN, JEFF  
STREET ADDRESS 1400 EUDORA ROAD  
CITY-ST-ZIP MOUNT DORA, FL 32757 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05 352-7350901