2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N05000003747

LAKÉS OF MOUNT DORA PROPERTY OWNERS ASSOCIATION, INC.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

2801 S BAY ST EUSTIS, FL 32726 Mailing Address

2801 S BAY ST EUSTIS, FL 32726



03212007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 20-3778252

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

5TH GENERATION PROPERTY MGMT 2801 S BAY ST EUSTIS, FL 32726

KNORR, KEN

EUSTIS, FL 32726

PARROW, ALAN A

EUSTIS, FL 32726

EUSTIS, FL 32726

DELUCA, ANTHONY P

2801 SOUTH BAY STREET

2801 SOUTH BAY STREET

2801 SOUTH BAY STREET

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-7IP

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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					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGLE, BRIAN W 2801 S BUY ST EUSTIS, FL 32726				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEDFORD, MARTHA E 2801 SOUTH BAY STREET EUSTIS, FL 32726				U00000687150 04/10/07-80029-006 61.25
TITLE	l VPD				

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IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 legat 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:

NAME OF BIGNING OFFICER OR DIRECTOR