

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 25, 2011**  
**Secretary of State**

DOCUMENT# N05000003747

**Entity Name:** LAKES OF MOUNT DORA PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6972 LAKE GLORIA BLVD  
ORLANDO, FL 328093200**New Principal Place of Business:****Current Mailing Address:**6972 LAKE GLORIA BLVD  
ORLANDO, FL 328093200**New Mailing Address:****FEI Number:** 20-3778252**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LELAND MANAGEMENT INC  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 328093200 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOGAN, PETER  
Address: 8506 LAKES OF MOUNT DORA BLVD  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D  
Name: JEFFERSON, RONALD  
Address: 8506 LAKES OF MOUNT DORA BLVD  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: T  
Name: FENZA, JOSEPH  
Address: 8506 LAKES OF MOUNT DORA BLVD  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VP  
Name: CASIELLO, FREDERICK  
Address: 8506 LAKES OF MOUNT DORA BLVD  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: S  
Name: CHAMBERS, CONNOR  
Address: 8506 LAKES OF MOUNT DORA BLVD  
City-St-Zip: MOUNT DORA, FL 32757 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER LOGAN

P

05/25/2011

Electronic Signature of Signing Officer or Director

Date