2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006503

Entity Name: MOUNT DORA LODGING, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
FARNSWC 1029 E. 5TH MT. DORA,		3&B					
Current Mailing Address:				New Mailing Address:			
FARNSWC 1029 E. 5TH MT. DORA,		3&B					
FEI Number:	26-3002675	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certificate of Status D	esired ()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of N	lew Registered Age	ent:
HOMICH, JAMES L ESQ. 621 E. FIFTH AVENUE MOUNT DORA, FL 32757 US				TUTTLE, ANA E 221 E 4TH AVENUE MOUNT DORA, FL 32757 US			
The above in the State		bmits this statement for the pu	ırpose of	changing it	s registered of	ffice or registered ag	ent, or both,
SIGNATURE: ANA E TUTTLE				04/27/2009			
	Electronic	Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ()E CATALDO, JOHN 610 N. TREMAIN MT. DORA, FL 3	STREET		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () E RODRIGUEZ, VIV 1029 E. 5TH AVE MT. DORA, FL 3	NUE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete COOK, DAVID DR 347 E. 3RD AVENUE MT. DORA, FL 32757			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SPIELER, TAMARA 1507 N. DONNELLY STREET MT. DORA, FL 32757			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () Delete SIMPSON, INEZ 539 LIBERTY AVENUE o: MT. DORA, FL 32757			Title: Name: Address: City-St-Zip:	s:		
Title: Name: Address: City-St-Zip:	D ()E HOWELL, NANC' 1027 MCDONALE MT. DORA, FL 3	STREET		Title: Name: Address: City-St-Zip:	TR (X) TUTTLE, ANA E 221 E 4TH AVEI MOUNT DORA,	NUE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANA E TUTTLE TR 04/27/2009