2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # N20662** 04-26-2006 90212 046 ****61.25 THE HIGHLANDS OF MOUNT DORA HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address BAUER, MARGE BAUER, MARGE 1201 GARDNER ST 1201 GARDNER ST MT DORA, FL 32757 MT DORA, FL 32757 2. Principal Place of Business Mailing Address 02082006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2799811 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name RENTON, YVONNE Street Address (P.O. Box Number is Not Acceptable) 1121 GARDNER ST MT DORA, FL 32757 Zip Code City 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. \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. П Florida Department of State Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete Addition Change TITLE TITLE LARDNER, JACKIE NAME NAME 1200 GARDNER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIE Delete TOTE ☐ Change Addition ATKINSON, JUNE NAME NAME **659 GEORGE CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-71P Change ☐ Addition TITLE ☐ Defete TIME RENTON, YVONNE NAME NAME STREET ADDRESS STREET ADDRESS 1121 GARDNER ST MOUNT DORA, FL. 32757 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-ZIP Deleta Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE

FILED