

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20662

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** THE HIGHLANDS OF MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

659 CLARK CT  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

659 CLARK CT  
MOUNT DORA, FL 32757 US

**New Mailing Address:**

**FEI Number:** 59-2799811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OGILVIE, ROBIN M TD  
659 CLARK CT  
MOUNT DORA, FL 32757 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: PD  
Name: HOGAN, RUTH  
Address: 1101 GARDNER LANE  
City-St-Zip: MOUNT DORA, FL 32757

Title: SD  
Name: LIBBY, ANNIE  
Address: 648 GEORGE'S COURT  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: TD  
Name: OGILVIE, ROBIN M TD  
Address: 659 CLARK CT  
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: ROBIN M OGILVIE

TD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date