

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90065 018 ****61.25

DOCUMENT # N23018					
1. Entity Name LAKE FOREST HOMEOWNERS ASSOCIATION OF MOUNT DORA, INC.					
Principal Place of Business 4112 LAKE FOREST C/O JOHN PETERSON MOUNT DORA, FL 32757 US			Mailing Address 4112 LAKE FOREST C/O JOHN PETERSON MOUNT DORA, FL 32757 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01162007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2855900	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____				Name PIETRZAK, RICHARD Street Address (P.O. Box Number is Not Acceptable) _____ 4041 LAKE FOREST City Mt. Dora FL Zip Code 32757	
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 <u><i>Richard Pietrzak</i></u> Signature, typed or printed name of registered agent and title if applicable				DATE 4/10/08 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME SUGGS, BILL STREET ADDRESS 4142 LAKE FOREST CITY-ST-ZIP MOUNT DORA, FL 32757	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE PIETRZAK, RICHARD NAME _____ STREET ADDRESS 4041 LAKE FOREST CITY-ST-ZIP MT DORA, FL 32757	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☒ Addition	
TITLE SD NAME CAPMAN, DAN STREET ADDRESS 4033 LAKE FOREST CITY-ST-ZIP MOUNT DORA, FL 32757	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE DT NAME PETERSON, JOHN STREET ADDRESS 4112 LAKE FOREST CITY-ST-ZIP MOUNT DORA, FL 32757	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE D NAME FORAN, JOHN STREET ADDRESS 4029 LAKE FOREST CITY-ST-ZIP MOUNT DORA, FL 32757	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE D NAME SLUSHER, KENNETH STREET ADDRESS 4109 LAKE FOREST CITY-ST-ZIP MOUNT DORA, FL 32757	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>JOHN PETERSON</i></u> <u><i>John Peterson</i></u> 4/10/08 352/735-9296 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					