

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 023 ****61.25

DOCUMENT # N26212					
1. Entity Name PARK WOOD OF MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 791 MOUNT DORA, FL 32757			Mailing Address P. O. BOX 791 MOUNT DORA, FL 32757		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202006 Chg-NP CR2E037 (11/05)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHOLPP, CHARLES E 4085 WOOD DR MOUNT DORA, FL 32757			Name Shamblin, John R. Street Address (P.O. Box Number is Not Acceptable) 3985 Wood Drive City Mount 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 <i>John R. Shamblin</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 02/20/2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VD FENWICK, SHARON 4090 DORA WOOD DR MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Anderson, Judy 4285 Dora Wood Dr. Mount Dora, FL 32757
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHOLPP, CHARLES 4085 WOOD DR. MT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Shamblin, John 3985 Wood Dr. Mount Dora, FL 32757
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, CARL T 4205 DORA WOOD DR MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daneau, Normand 4200 Dora Wood Dr. Mount Dora, FL 32757
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, PAT 3980 WOOD DR MOUNT DORA, FL 32757	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Foley, Clara 4141 Wood Dr. Mount Dora, FL 32757
Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENWICK, DALE 4090 DORA WOOD DRIVE MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reed, Loraine 3990 Wood Drive Mount Dora, FL 32757
Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, GARY 4285 DORA WOOD DR MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anderson, Gary 4285 Dora Wood Dr. Mount Dora, FL 32757
Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>					
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: <i>John R. Shamblin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/20/2006 Daytime Phone # (352) 383-0729	

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ATTACHMENT

40017104

#N26212

Park Wood of Mount Dora Homeowners Association, Inc.
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X Change

Woodward, James
4180 Dora Wood Drive
Mount Dora, FL 32757