2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# N26212

Entity Name: PARK WOOD OF MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 791
MOUNT DORA, FL 32756 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 791
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, PATRICIA
3980 WOOD DRIVE
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: D
Name: PEARSON, MARJORIE
Address: 4200 WOOD DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: SHAMBLIN, JOHN
Address: 3985 WOOD DR
City-St-Zip: MT DORA, FL 32757 US

Title: STD
Name: CARROLL, PAT
Address: 3980 WOOD DR
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D
Name: FOLEY, CLARA
Address: 4141 WOOD DR
City-St-Zip: MOUNT DORA, FL 32757 US

Title: PD
Name: ANDERSON, GARY
Address: 4285 DORA WOOD DR
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VPD
Name: DANEAU, NORMAN
Address: 4200 DORA WOOD DR
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: PATRICIA CARROLL STD 01/07/2010
Electronic Signature of Signing Officer or Director Date