


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 048 ****61.25

DOCUMENT # N29188			
1. Entity Name MISSION VILLAGE AT MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 30843 MISSION AVE. TAVARES FL 32778-5001 US <i>30830 Mission Ave</i>		Mailing Address 30843 MISSION AVE. TAVARES FL 32778-5001 US <i>30830 Mission Ave</i>	
2. Principal Place of Business <i>30830 Mission Ave</i>		3. Mailing Address <i>30830 Mission Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tavares, FL</i>		City & State <i>Tavares, FL</i>	
Zip <i>32778</i>	Country <i>USA</i>	Zip <i>32778</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent BOUCHER, THOMAS 30843 MISSION AVE. TAVARES FL 32778		7. Name and Address of New Registered Agent Name <i>Kathleen M. Roderick</i> Street Address (P.O. Box Number is Not Acceptable) <i>30830 Mission Ave</i> City <i>Tavares</i> FL <i>32778</i>	
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>Kathleen M. Roderick</i> DATE <i>4/13/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	D BAMMESBERGER, CHARLES 30940 MISSION AVENUE TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Jean Van Meter</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>30934 Mission Ave</i> <i>Tavares, FL 32778</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOUCHER, THOMAS 30843 MISSION AVE. TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Roderick, Kathleen</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>30830 Mission Ave</i> <i>Tavares, FL 32778</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWELL, MARGARET 30939 MISSION AVE TAVARES FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLÜCHEL, CATHY 30901 MISSION AVE. TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>Benford, Charlotte</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>30913 Mission Ave</i> <i>Tavares, FL 32778</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JO 30924 MISSION AVE. TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Rolande Pinkerton</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>30831 Mission Ave</i> <i>Tavares, FL 32778</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kathleen M. Roderick* DATE *4/13/05* 352-253-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #