

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90013 035 \*\*\*\*61.25

**DOCUMENT # N29188**

1. Entity Name

MISSION VILLAGE AT MOUNT DORA HOMEOWNERS'  
ASSOCIATION, INC.



Principal Place of Business

30830 MISSION AVE.  
TAVARES FL 32778  
US

Mailing Address

30830 MISSION AVE.  
TAVARES FL 32778  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0120790

Applied For

Not Applicable

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

RODERICK, KATHLEEN M  
30830 MISSION AVE.  
TAVARES FL 32778

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Kathleen M. Roderick*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

*2/20/07*

DATE

**FILE NOW: 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN MERER, JEAN	
STREET ADDRESS	30934 MISSION AVE.	
CITY-STATE-ZIP	TAVARES FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	RODERICK, KATHLEEN	
STREET ADDRESS	30830 MISSION AVE.	
CITY-STATE-ZIP	TAVARES FL 32778	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOHLER, JUDY	
STREET ADDRESS	30940 MISSION AVE	
CITY-STATE-ZIP	TAVARES FL 32778	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINKERTON, ROLANDE	
STREET ADDRESS	30831 MISSION AVE	
CITY-STATE-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOELLEN	
STREET ADDRESS	30924 MISSION AVE	
CITY-STATE-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bammesberger, Charles	
STREET ADDRESS	30844 Mission Ave.	
CITY-STATE-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cornwall, Scott	
STREET ADDRESS	30843 Mission Ave.	
CITY-STATE-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Kathleen M. Roderick (Kathleen M. Roderick)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/20/07 352-2530083*