2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90129 014 ****61.25

DOCUMENT # N29188

1. Entity Name

MISSION VILLAGE AT MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
30830 MISSION AVE. TAVARES FL 32778 US	30830 MISSION AVE. TAVARES FL 32778 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
30940 MISSION AVE	30940 MISSION AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAVARES FL	City & State: TAVARES FL
Zip: 32778 Country: USA	Zip: 32778 Country: USA

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: JUDY KOHLI Street Address (P.O. Box Number is Not Acceptable): 30940 MISSION AVE City: TAVARES FL Zip Code: 32778

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: Judy Kohli JUDY KOHLI 4/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAMMESBERGER, CHARLES 30844 MISSION AVE TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RODERICK, KATHLEEN 30830 MISSION AVE. TAVARES FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JUDY KOHLI 30940 MISSION AVE TAVARES, FL 32778 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORNWALL, SCOTT 30843 MISSION AVE TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PINKERTON, ROLANDE 30831 MISSION AVE TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JOELLEN 30924 MISSION AVE TAVARES FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEAN VAN METER 30934 MISSION AVE TAVARES, FL 32778 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ WILLIAM KELLY 30912 MISSION AVE TAVARES, FL 32778 ☐ Change ☒ Addition

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: Judy Kohli JUDY KOHLI 4/15/08 (352) 455-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number