2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N29188

Entity Name: MISSION VILLAGE AT MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

30940 MISSION AVE.
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

'30940 MISSION AVE.
TAVARES, FL 32778 US

New Mailing Address:

30940 MISSION AVE.
TAVARES, FL 32778 US

FEI Number: 65-0120790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOHLI, JUDY
30940 MISSION AVE.
TAVARES, FL 32778 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 ( ) Delete
Name: BAMMESBERGER, CHARLES
Address: 30844 MISSION AVE
City-St-Zip: TAVARES, FL 32778

Title: PD ( ) Delete
Name: CORNWALL, SCOTT
Address: 30843 MISSION AVE
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete
Name: PINKERTON, ROLANDE
Address: 30831 MISSION AVE
City-St-Zip: TAVARES, FL 32778

Title: T ( ) Delete
Name: KOHLI, JUDY
Address: 30940 MISSION AVE
City-St-Zip: TAVARES, FL 32778

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD ( ) Change (X) Addition
Name: VANMETER, JEAN
Address: 30934 MISSION AVE
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY KOHLI T 05/06/2009
Electronic Signature of Signing Officer or Director — Date