


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90229 029 ****61.25

DOCUMENT # N34950 1. Entity Name THE VINEYARD AT LAKE DORA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O LARRY P. MOULDER 2100 ARBOR WAY MOUNT DORA, FL 32757			Mailing Address KAREN HORN Betty Gucene 2121 ARBORWAY MOUNT DORA, FL 32757		
2. Principal Place of Business 1961 ARBOR WAY Suite, Apt. #, etc. MOUNT DORA, FL. City & State		3. Mailing Address 2011 ARBOR WAY Suite, Apt. #, etc. MOUNT DORA, FL. City & State			
Zip 32757		Country		Zip 32757	
Country		4. FEI Number 59-2935000			
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent MOULDER, LARRY P. 2100 ARBOR WAY MOUNT DORA, FL 32757		7. Name and Address of New Registered Agent Name: MOULDER, LARRY P. Street Address (P.O. Box Number is Not Acceptable): 1961 ARBOR WAY MOUNT DORA City: FL Zip Code: 32757			
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
Filing 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete CARLSON, BETTY 2131 ARBOR WAY MOUNT DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete HORN, KAREN 2121 ARBOR WAY MOUNT DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HORN, JAMES 2121 ARBOR WAY MOUNT DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOULDER, LARRY 1961 ARBOR WAY MOUNT DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GUCENE, BETTY 2011 ARBOR WAY MOUNT DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALLY MAKER - SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2150 ARBOR WAY MOUNT DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BETTY GUCENE - TREA. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2011 ARBOR WAY MOUNT DORA, FL 32757				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Betty Gucene Betty Gucene 4/19/05 352-383-1450 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					