


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N34950 1. Entity Name THE VINEYARD AT LAKE DORA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1961 ARBOR WAY MOUNT DORA FL 32757			Mailing Address 2011 ARBOR WAY MOUNT DORA FL 32757		
2. Principal Place of Business 1961 ARBOR WAY Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State MOUNT DORA, FL.			City & State		
Zip 32757		Country LAKE		4. FEI Number 59-2935000	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOULDER, LARRY P. 1961 ARBOR WAY MOUNT DORA FL 32757				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	VD CARLSON, BETTY 2131 ARBOR WAY MOUNT DORA FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAKER, SALLY 2150 ARBOR WAY MOUNT DORA FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORN, JAMES 2121 ARBOR WAY MOUNT DORA FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOULDER, LARRY 1961 ARBOR WAY MOUNT DORA FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GUCENE, BETTY 2011 ARBOR WAY MOUNT DORA FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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: <i>Betty L. Gucene</i> BETTY L. GUCENE 1/25/06 352-383-14					



1st MOORE CR2E037 (10/05)

\$8.75 Additional
Fee Required

FL Zip Code

U00000403886
02/06/06-80022-014 61.25

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