

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44055

FILED
Mar 18, 2009
Secretary of State

Entity Name: COUNTRY CLUB OF MOUNT DORA HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3083324 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: HEALY, WILLIAM
Address: 8006 ST ANDREWS WAY
City-St-Zip: MOUNT DORA, FL 32757

Title: 2VPD () Delete
Name: SCHLAGETTER, SABRA
Address: 6023 FALCONBRIDGE PL
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: SNYDER, CHUCK
Address: 5047 GREENBRIAR TRL
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD () Delete
Name: HOWSER, DENISE
Address: 6027 SPRING CREEK CT
City-St-Zip: MOUNT DORA, FL 32757

Title: TD () Delete
Name: DOUVILLE, JOE
Address: 8021 COVEY CIR
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: SCHLAGETTER, SABRA
Address: 6023 FALCONBRIDGE PL
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD2 (X) Change () Addition
Name: SNYDER, CHUCK
Address: 5047 GREENBRIAR TRL
City-St-Zip: MOUNT DORA, FL 32757

Title: SD (X) Change () Addition
Name: KOESTER, JACK
Address: 5013 GREENBRIAR TRL
City-St-Zip: MOUNT DORA, FL 32757

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

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: WILLIAM HEALY

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date