

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000729

FILED
May 19, 2010
Secretary of State

Entity Name: THE HILLS OF MOUNT DORA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

THE HILLS OF MOUNT DORA HOMEOWNERS
32405 SCENICHILLS DR
MOUNT DORA, FL 32757

New Principal Place of Business:

THE HILLS OF MOUNT DORA HOMEOWNERS
P. O. BOX 632
SORRENTO, FL 32776

Current Mailing Address:

THE HILLS OF MOUNT DORA HOMEOWNERS
P.O. BOX 632
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 59-3550617 **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:

JAMES, MARY L
32405 SCENIC HILLS DR
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

WESTON, FRAN E
32623 SCENIC HILLS DR
MOUNT DORA, FL 32757 US

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: FRAN E. WESTON

05/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: AMBROSE, MIKE MR
Address: 32443 SCENIC HILLS DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: ROUSE, LILLIE MRS
Address: 22101 SCENIC LEDGE CT
City-St-Zip: MOUNT DORA, FL 32757

Title: P
Name: SCHOFIELD, COLIN
Address: 32324 SCENIC HILLS DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: D
Name: SILVER, JAY MR
Address: 32428 SCENIC HILLS DR
City-St-Zip: MOUNT DORA, FL 32757

Title: T
Name: WESTON, FRANCES MRS
Address: 32623 SCENIC HILLS DR
City-St-Zip: MOUNT DORA, FL 32757

Title: S
Name: SCHWARTZ, LINDA MRS
Address: 32640 SCENIC HILLS DR
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: FRAN E. WESTON

T

05/19/2010

Electronic Signature of Signing Officer or Director

Date