


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90223 050 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000002863**

1. Corporation Name

**ELYSIUM HOMEOWNERS' ASSOCIATION OF MOUNT DORA, I NC.**

Principal Place of Business

1029 ELYSIUM BOULEVARD  
 MOUNT DORA FL 32757

Mailing Address

1029 ELYSIUM BOULEVARD  
 MOUNT DORA FL 32757



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/15/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3544968	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OWEN, PATRICK 1029 ELYSIUM BOULEVARD MOUNT DORA FL 32757				81 Name MARY L. Heskett	
				82 Street Address (P.O. Box Number is Not Acceptable) 1109 ELYSIUM Blvd	
				83 Mt. DORA	
				84 City FL 85 Zip Code 32757	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE MARY L. Heskett Mary L. Heskett President 5/14/99					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	OWEN, PATRICK	1.2 NAME	MARY L. Heskett
STREET ADDRESS	1029 ELYSIUM BOULEVARD	1.3 STREET ADDRESS	1109 ELYSIUM Blvd
CITY-ST-ZIP	MOUNT DORA FL 32757	1.4 CITY-ST-ZIP	Mt. DORA, FL 32757
TITLE	DS	2.1 TITLE	OV
NAME	HESKETT, MARY	2.2 NAME	JAMES A. COASON
STREET ADDRESS	1029 ELYSIUM BOULEVARD	2.3 STREET ADDRESS	1322 ELYSIUM Blvd
CITY-ST-ZIP	MOUNT DORA FL 32757	2.4 CITY-ST-ZIP	Mt DORA FL. 32757
TITLE	DV	3.1 TITLE	OT
NAME	CERMODY, DONALD	3.2 NAME	CAROL CONRADEN
STREET ADDRESS	926 ELYSIUM BOULEVARD	3.3 STREET ADDRESS	1353 ELYSIUM Blvd
CITY-ST-ZIP	MOUNT DORA FL 32757	3.4 CITY-ST-ZIP	Mt DORA FL 32757
TITLE	DT	4.1 TITLE	D
NAME	FREEMAN, CARY	4.2 NAME	Patrick Owen
STREET ADDRESS	1404 OLYMPIA AVENUE	4.3 STREET ADDRESS	1029 ELYSIUM Blvd
CITY-ST-ZIP	MOUNT DORA FL 32757	4.4 CITY-ST-ZIP	Mt DORA FL 32757
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Cary Freeman
STREET ADDRESS		5.3 STREET ADDRESS	1404 OLYMPIA Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Mt. DORA FL 32757
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Bill Blaine
STREET ADDRESS		6.3 STREET ADDRESS	P.O. Box 771896
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Garden FL 34777

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY L. Heskett MARY L. Heskett 5/14/99 352-383-1161