

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90115 012 ****61.25

DOCUMENT # N98000002863

1. Entity Name

ELYSIUM HOMEOWNERS' ASSOCIATION OF MOUNT DORA, I

Principal Place of Business

1029 ELYSIUM BOULEVARD
 MOUNT DORA FL 32757
 US

Mailing Address

1029 ELYSIUM BOULEVARD
 MOUNT DORA FL 32757
 US

2. Principal Place of Business

1005 ELYSIUM BOULEVARD

3. Mailing Address

1005 ELYSIUM BOULEVARD

Suite, Apt. #, etc.

MOUNT DORA FL

Suite, Apt. #, etc.

MOUNT DORA, FL

City & State

City & State

4. FEI Number

59-3544968

Applied For

Not Applicable

Zip
32757

Country
USA

Zip
32757

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HESKETT, MARY L
1109 ELYSIUM BLVD
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name **THOMAS ANGERMEIER**
 Street Address (P.O. Box Number is Not Acceptable)
1005 ELYSIUM BOULEVARD
 City **MOUNT DORA** FL **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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HESKETT, MARY L	
STREET ADDRESS	1109 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CROSCOTT, JAMES	
STREET ADDRESS	1322 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CURRAN, CHARLES	
STREET ADDRESS	1106 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUNT, NELL	
STREET ADDRESS	1359 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONRADER, CAROL	
STREET ADDRESS	1303 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLAINE, BILL	
STREET ADDRESS	P.O. BOX 771896	
CITY-ST-ZIP	WINTER GARDENS FL 34777	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGERMEIER, THOMAS	
STREET ADDRESS	1005 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, PHILIP	
STREET ADDRESS	1347 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSUN, JIM	
STREET ADDRESS	1405 OLYMPIA AVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, TERRY	
STREET ADDRESS	1316 OLYMPIA AVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROGGI, DOANE	
STREET ADDRESS	1307 OLYMPIA AVE.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, CAROL	
STREET ADDRESS	1233 ELYSIUM BLVD	
CITY-ST-ZIP	MOUNT DORA, FL 32757	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS ANGERMEIER

1-14-01

407-397-3911

CR2E037 (10/00)