

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90019 004 \*\*\*\*61.25

**DOCUMENT # N98000002863**

1. Entity Name

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

Principal Place of Business

Mailing Address

**1005 ELYSIUM BOULEVARD  
 MOUNT DORA FL 32757  
 US**

**1005 ELYSIUM BOULEVARD  
 MOUNT DORA FL 32757  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3544968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGERMEIER, THOMAS  
 1005 ELYSIUM BOULEVARD  
 MOUNT DORA FL 32757**

Name

**Terry W. Wilson**

Street Address (P.O. Box Number is Not Acceptable)

**1316 Olympia Avenue**

City

**Mount Dora**

**FL**

Zip Code  
**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

**Terry W. Wilson**

**March 1, 2002**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
 NAME **ANGERMEIER, THOMAS**  
 STREET ADDRESS **1005 ELYSIUM BOULEVARD**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **DS** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Delete  
 NAME **DAVIDSON, PHILIP**  
 STREET ADDRESS **1347 ELYSIUM BOULEVARD**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **CROSUN, JIM**  
 STREET ADDRESS **1405 OLYMPIA AVE**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **DT** ☒ Change ☐ Addition  
 NAME **Croson, James M.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Delete  
 NAME **WILSON, TERRY**  
 STREET ADDRESS **1316 OLYMPIA AVE**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **DP** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BROGGI, DOANE**  
 STREET ADDRESS **1307 OLYMPIA AVE**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SIMMONS, CAROL**  
 STREET ADDRESS **1233 ELYSIUM BOULEVARD**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Simmons, Carole**  
 STREET ADDRESS  
 CITY-ST-ZIP **[See attached]**

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 REQUIRED**

**Terry W. Wilson March 1, 2002 352-383-1899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

2002 UNIFORM BUSINESS REPORT

ATTACHMENT

DC# N98000002863

ELYSIUM HOMEOWNERS' ASSOCIATION OF MOUNT DORA, INC.

426598

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

DV  
CROOKS, RAY  
1211 Elysium Blvd.  
Mount Dora, FL 32757