2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N98000002863

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

Current Principal Place of Business:

1005 ELYSIUM BOULEVARD
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

1005 ELYSIUM BOULEVARD
MOUNT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-3544968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, TERRY W
1316 OLYMPIA AVENUE
MOUNT DORA, FL 32757

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:	DS	( ) Delete
Name:	ANGERMEIER, THOMAS	
Address:	1005 ELYSIUM BOULEVARD	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	DAVIDSON, PHILIP	
Address:	1347 ELYSIUM BOULEVARD	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	TD	(X) Delete
Name:	OWEN, PATRICK	
Address:	1029 ELYSIUM BLVD	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	DP	( ) Delete
Name:	WILSON, TERRY	
Address:	1316 OLYMPIA AVE	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	BROGGI, DOANE	
Address:	1307 OLYMPIA AVE	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	SIMMONS, CAROLE	
Address:	1233 ELYSIUM BOULEVARD	
City-St-Zip:	MOUNT DORA, FL 32757	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS G. ANGERMEIER TR 04/23/2004

Electronic Signature of Signing Officer or Director — Date