

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002863

FILED  
Apr 03, 2005  
Secretary of State

**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 US

**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: 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:

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 ANGERMEIER

TRES

04/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date