


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90060 010 ****61.25

DOCUMENT # N98000002863	
1. Entity Name ELYSIUM HOMEOWNERS' ASSOCIATION OF MOUNT DORA, INC.	

Principal Place of Business 1005 ELYSIUM BOULEVARD MOUNT DORA FL 32757 US	Mailing Address 1005 ELYSIUM BOULEVARD MOUNT DORA FL 32757 US
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2. Principal Place of Business - No P.O. Box # 1232 Elysium Blvd	3. Mailing Address P.O. Box 1621
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Mount Dora FL	City & State Mount Dora FL
Zip 32757	Zip 32756
Country USA	Country USA

4. FEI Number 59-3544968		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANGERMEIER, THOMAS TREA 1005 ELYSIUM BOULEVARD MOUNT DORA FL 32757	
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7. Name and Address of New Registered Agent Name Barbara Fackelman Street Address (P.O. Box Number is Not Acceptable) 1232 Elysium Blvd City Mount Dora FL Zip Code 32757	
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Barbara M. Fackelman Barbara M. Fackelman 4/16/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANGERMEIER, THOMAS 1005 ELYSIUM BOULEVARD MOUNT DORA FL 32757 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Barbara Fackelman 1232 Elysium Blvd Mount Dora FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSON, JAMES A 1322 ELYSIUM BOULEVARD MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Shawn Mason 1416 Olympia Ave Mount Dora FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHATZER, THOMAS 1245 ELYSIUM BOULEVARD MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERMODY, DONAL A 926 ELYSIUM BOULEVARD MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLAINE, DABNEY 914 ELYSIUM BOULEVARD MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORM, CHARLES 1029 ELYSIUM BOULEVARD MOUNT DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE: Thomas Shatzer Thomas Shatzer 2-28-07 (352) 367-6545 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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