

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002863

FILED
Apr 26, 2009
Secretary of State

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

Current Principal Place of Business:

1232 ELYSIUM BLVD
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1621
MOUNT DORA, FL 32757 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

FACKELMAN, BARBARA
1232 ELYSIUM BLVD
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

FACKELMAN, BARBARA M
1232 ELYSIUM BLVD
MOUNT DORA, FL 32757 US

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: BARBARA M. FACKELMAN

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: FACKELMAN, BARBARA
Address: 1232 ELYSIUM BLVD
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: CROSON, JAMES A
Address: 1322 ELYSIUM BOULEVARD
City-St-Zip: MOUNT DORA, FL 32757

Title: DP () Delete
Name: SHATZER, THOMAS
Address: 1245 ELYSIUM BOULEVARD
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: DERMODY, DONAL A
Address: 926 ELYSIUM BOULEVARD
City-St-Zip: MOUNT DORA, FL 32757

Title: DVP () Delete
Name: BLAINE, DABNEY
Address: 914 ELYSIUM BOULEVARD
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: STORM, CHARLES
Address: 1029 ELYSIUM BOULEVARD
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: FACKELMAN, BARBARA M
Address: 1232 ELYSIUM BLVD
City-St-Zip: MOUNT DORA, FL 32757

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

Title: DP (X) Change () Addition
Name: ROBINSON, JEAN
Address: 1417 ELYSIUM BOULEVARD
City-St-Zip: MOUNT DORA, FL 32757

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

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

Title: DS (X) Change () Addition
Name: STORM, CHARLES
Address: 1029 ELYSIUM BOULEVARD
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BARBARA M. FACKELMAN

DT

04/26/2009

Electronic Signature of Signing Officer or Director

Date