


**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

60019932

DOCUMENT # P02000122844

1. Entity Name  
MOUNT DORA KRINGLE COMPANY-VILLAGES, INC.



Principal Place of Business  
240 SOUTH HIGHLAND ST.  
MT. DORA FL 32757

Mailing Address  
240 SOUTH HIGHLAND ST.  
MT. DORA FL 32757

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  
06-1683494

Applied For  
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
VERMEULEN, BLAINE  
240 SOUTH HIGHLAND ST.  
MT. DORA FL 32757

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
VERMEULEN, BLAINE  
240 SOUTH HIGHLAND ST.  
MT. DORA FL 32757

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KENNEDY, CHARLES W  
1111 AVALON WAY  
MT. DORA FL 32757

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MIDDLETON, HERLOW  
699 E. 5TH AVE.  
MT. DORA FL 32757

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

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 607, 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 352-735-5754  
Date Daytime Phone #