

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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99 JUN 18 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000084027  
1. Corporation Name  
DORA LAKE VILLAS, INC.

Principal Place of Business Mailing Address  
7031 GRAND NATIONAL DR  
SUITE 100-A  
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 7031 GRAND NATIONAL SUITE, APT #, ETC. 22 100A  
23 ORLANDO, FL 24 32819 25 DRANGE  
26 7031 GRAND NATL. SUITE, APT #, ETC. 27 100A  
28 ORLANDO, FL 29 32819 30 DRANGE

3. Date Incorporated or Qualified  
NOV. 8 1995  
4. FEI Number 59-335-9394 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation owes the current year Intangible Personal Property Tax  Yes  No

9. Name and Address of Current Registered Agent  
81 Name DANIEL HARPER  
82 Street Address (P.O. Box Number is Not Acceptable) 7554 SOMERSET SHORE  
83  
84 City ORLANDO FL 85 Zip Code 32819

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Daniel Harper* DATE: 6/18/99

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT D T	<input type="checkbox"/> DELETE
NAME	DANIEL B. HARPER	
STREET ADDRESS	7554 SOMERSET SHORE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	V-P D	<input type="checkbox"/> DELETE
NAME	GEORGE HEDEPIN	
STREET ADDRESS	7031 GRAND NATIONAL	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	700002909197--5	
13 STREET ADDRESS	-06/18/99--01082--012	
14 CITY-ST-ZIP	****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Harper* DATE: 6/18/99 DAYTIME PHONE: 407-370-0093

CR2E034 (11/98)

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