


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90001 027 ***150.00

DOCUMENT # P99000049221 1. Entity Name MOUNT DORA GOLF AND LAKE REALTY, INC.					
Principal Place of Business 1502 N. DONNELLY ST SUITE 104 MOUNT DORA, FL 32757			Mailing Address PO BOX 1784 MOUNT DORA, FL 32756		
2. Principal Place of Business 2900 KURT ST Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1784 Suite, Apt. #, etc.			
City & State EUSTIS, FL Zip 32726		City & State MOUNT DORA FL. Zip 32756		Country USA.	
Country LAKE		4. FEI Number 59-3581346			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOWRY, ARCHIE O JR. 308 EAST FIFTH AVE. MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>William J. Trzaska</i></u> WILLIAM J. TRZASKA <u>01/04/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TRZASKA, WILLIAM J 1701 STAFFORD SPRINGS BLVD. 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>William J. Trzaska</i></u> WILLIAM J. TRZASKA <u>01/04/06</u> <u>352-385-0906</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					