

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739610

**Entity Name:** DORA PINES ASSOCIATION, UNIT III, INC.

**Current Principal Place of Business:**

1 DORA PINES AVE  
MOUNT DORA, FL 32757

**Current Mailing Address:**

PO BOX 1084  
MOUNT DORA, FL 32756 US

**FEI Number: 59-2268788**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOLTZCLAW, RACHEL  
66 W SEMINOLE AVE  
EUSTIS, FL 32726 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RIKER, RICK  
Address        2615 BROOKSIDE CIR  
City-State-Zip: MT DORA FL 32757

Title            VP  
Name            RINEHART, ROBERT  
Address        2190 OAK CIR  
City-State-Zip: MOUNT DORA FL 32757

Title            DIRECTOR  
Name            WRIGHT, JANET  
Address        2431 DORA PINES RD  
City-State-Zip: MOUNT DORA FL 32757

Title            TREASURER  
Name            HOMBERGER, GARY  
Address        2129 OAK CIRCLE  
City-State-Zip: MOUNT DORA FL 32757

Title            SECRETARY  
Name            BOB, MICHAEL  
Address        1725 STACEY DRIVE  
City-State-Zip: MOUNT DORA FL 32757

*I hereby 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 all other like empowered.*

**SIGNATURE: RICK RIKER**

**PRESIDENT**

**02/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date