

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04777

Entity Name: PALMS OF MOUNT DORA CONDOMINIUM ASSOCIATION, INC**Current Principal Place of Business:**1400 EUDORA ROAD -OFFICE
MOUNT DORA, FL 32757**Current Mailing Address:**1400 EUDORA ROAD -OFFICE
MOUNT DORA, FL 32757 US**FEI Number:** 59-2690895**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARDESTY, KANDI
1400 EUDORA ROAD - OFFICE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	NOYES, STEVE
Address	1400 EUDORA ROAD -OFFICE
City-State-Zip:	MOUNT DORA FL 32757

Title	PRESIDENT, DIRECTOR
Name	GOSLIN, THOMAS
Address	1400 EUDORA ROAD - OFFICE
City-State-Zip:	MOUNT DORA FL 32757

Title	DIRECTOR, SECRETARY
Name	FELTON, EILEEN
Address	1400 EUDORA
City-State-Zip:	MOUNT DORA FL 32757

Title	DIRECTOR, TREASURER
Name	PASAK, JOSEPH
Address	1400 EUDORA ROAD -OFFICE
City-State-Zip:	MOUNT DORA FL 32757

Title	DIRECTOR
Name	VANCE, CHERI
Address	1400 EUDORA RD
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: THOMAS GOSLIN**PRESIDENT****04/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date