

**2018 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 REID, OSWALD  
Address 1400 EUDORA ROAD  
City-State-Zip: MOUNT DORA FL 32757

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

Title DIRECTOR  
Name LEITNER, MARK  
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

P

03/12/2018

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

\_\_\_\_\_  
Date