

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010509

Entity Name: ARTISANS OF MOUNT DORA, INC.**Current Principal Place of Business:**139 E FOURTH AVE.
C/O TREASURER
MOUNT DORA, FL 32757**Current Mailing Address:**C/O TREASURER, ARTISANS
139 EAST FOURTH AVE
MT DORA, FL 32757 US**FEI Number:** 27-1069081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERTZ, GWEN K
139 EAST FOURTH AVE
C/O TREASURER
MT 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:** GWEN K HERTZ

01/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	HERTZ, GWEN K
Address	17143 SE 110TH CT RD
City-State-Zip:	SUMMERFIELD FL 34491

Title	DIRECTOR
Name	HOPCRAFT, HEATHER J.W.
Address	P.O.BOX 1932
City-State-Zip:	MT DORA FL 32756-1932

Title	DIRECTOR
Name	COKER, ANN B.
Address	25914 ABERDOVEY AVE
City-State-Zip:	SORRENTO FL 32776

Title	DIRECTOR
Name	GOWEN CICCARELLI, SABRINA
Address	1775 GOLF GARDEN WAY
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	MOREY, JERRY
Address	1230 ALBERTA ST
City-State-Zip:	LONGWOOD FL 32750

Title	SECRETARY
Name	KIRBY, SUSAN
Address	10223 MARSH PINE CIR
City-State-Zip:	ORLANDO FL 32832

Title	PRESIDENT
Name	CARPINO, KORINNE
Address	2140 PARK FOREST BLVD.
City-State-Zip:	MT. DORA FL 32757

Title	DIRECTOR
Name	TREAT, ELIZABETH
Address	1373 ZEEK RIDGE ST
City-State-Zip:	CLERMONT FL 34715

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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: GWEN K HERTZ

TREASURER

01/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BROWN, REBECCA
Address	8015 PORT SAID ST
City-State-Zip:	ORLANDO FL 32817