

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002533

1. Entity Name

ISLES OF LAKE HANCOCK HOMEOWNERS ASSOCIATION, IN

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90147 011 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 140411
ORLANDO FL 32814

POST OFFICE BOX 140411
ORLANDO FL 32814-0411

2. Principal Place of Business

P.O. Box 783501

3. Mailing Address

P.O. Box 783501

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Garden FL

City & State

Winter Garden FL

4. FEI Number

59-3435875

Applied For

Not Applicable

Zip

Country

34787

USA

Zip

Country

34787

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEATING, JAMES KINGMAN
749 N GARLAND AVE
SUITE 101
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME NEILL, EDWARD C
STREET ADDRESS POST OFFICE BOX 3916 N/A
CITY-ST-ZIP HICKORY NC 28603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME ALLEN, DONALD R JR
STREET ADDRESS POST OFFICE BOX 140411 N/A
CITY-ST-ZIP ORLANDO FL 32814

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALLEN, PATTI
STREET ADDRESS P.O. BOX 121106 N/A
CITY-ST-ZIP CLERMONT FL 34712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

Daytime Phone #

CR2E037 (9/99)