

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000129

1. Entity Name

THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATI

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90092 034 ****61.25

Principal Place of Business

Mailing Address

21428 KEATING WAY
 LUTZ FL 33549
 US

PO BOX 633
 LUTZ FL 33548-0633

2. Principal Place of Business

21438 Keating Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

4. FEI Number

59-3313725

Applied For

Not Applicable

Zip
 33549

Country
 US

Zip

Country

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

FINANCIAL ACCOUNTING SERVICES OF TAMPA
 21438 KEATING WAY
 LUTZ FL 33549

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	DP	<input checked="" type="checkbox"/> Delete
NAME	RHODERICK, RICHARD	
STREET ADDRESS	21408 KENTING WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BENSON, ROBERT	
STREET ADDRESS	21439 KENTING WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JANE	
STREET ADDRESS	21441 KEATING WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROGERS, BETTY L	
STREET ADDRESS	21438 KENTING WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Garver	
STREET ADDRESS	21421 Keating Way	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence Levin	
STREET ADDRESS	21410 Keating Way	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vicki Lowe	
STREET ADDRESS	21452 Keating Way	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Betty L Rogers* **BETTY L. ROGERS** 4/11/00 813-909-0065
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE