2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # N9500000129 1. Entity Name THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATI 04-24-2001 90276 011 ****61.25 Principal Place of Business Mailing Address PO BOX 633 21428 KEATING WAY LUTZ FL 33548 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3313725 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -_ . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FINANICAL ACCOUNTING SERVICES OF TAMPA 21438 KEATING WAY **LUTZ FL 33549** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TIŤI F DP Delete Slippy, William TITLE NAME NAME GARVER, EDWARD 21416 Keating Way STREET ADDRESS STREET ADDRESS 21421 KEATING WAY Atz, F1 33549 CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Addition TITLE Change TITLE DVP ☐ Delete NAME NAME LEVIN, LAWRENCE STREET ADDRESS STREET ADDRESS 21410 KEATING WAY CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 Change Addition DS ☐ Delete TITLE TITLE NAME NAME LOWE, VICKI Keatingway STREET ADDRESS STREET ADDRESS 21452 KENTING WAY CITY-ST-ZIP CITY-ST-ZIP <u>LUTZ FL 33549</u> Change ☐ Addition ☐ Delete TITLE TIT! F DT NAME NAME ROGERS, BETTY L STREET ADDRESS STREET ADDRESS 21438 KENTING WAY CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** TITLE ☐ Delete TITLE Addition Coslov, Debra NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

03 as 4-14-01 813-909-0065