

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90276 011 ****61.25

DOCUMENT # N95000000129

1. Entity Name

THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATI

Principal Place of Business

Mailing Address

21428 KEATING WAY
 LUTZ FL 33549
 US

PO BOX 633
 LUTZ FL 33548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3313725

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 Delete
 NAME **DP GARVER, EDWARD**
 STREET ADDRESS **21421 KEATING WAY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME **Slippy, William**
 STREET ADDRESS **21416 Keating Way**
 CITY-ST-ZIP **Lutz, FL 33549**

TITLE Delete
 NAME **DVP LEVIN, LAWRENCE**
 STREET ADDRESS **21410 KEATING WAY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS LOWE, VICKI**
 STREET ADDRESS **21452 KENTING WAY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME **DS Lundy, Dora**
 STREET ADDRESS **21443 Keating Way**
 CITY-ST-ZIP **Lutz, FL 33549**

TITLE Delete
 NAME **DT ROGERS, BETTY L**
 STREET ADDRESS **21438 KENTING WAY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D Coslov, Debra**
 STREET ADDRESS **21432 Kenting Way**
 CITY-ST-ZIP **Lutz, FL 33549**

TITLE Delete
 NAME
 STREET ADDRESS
 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: Betty L. Rogers RECEIVED Betty L. Rogers 4-14-01 813-909-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)