

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26196

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** HOMETOWN HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5388 ROCKING HORSE PLACE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2285  
GOLDENROD, FL 327332285 US

**New Mailing Address:**

**FEI Number:** 59-2936267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMKAY, ROBERT  
5388 ROCKING HORSE PLACE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAMKAY, ROBERT  
Address: 5388 ROCKING HORSE  
City-St-Zip: OVIEDO, FL 32765

Title: SD  
Name: HADLEY, RALPH  
Address: 5384 ROCKING HORSE  
City-St-Zip: OVIEDO, FL 32765

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: ROBERT LAMKAY

PRES

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date