2000 UNIFORM BUSINESS REPORT (UBR)

0013431

DOCUMENT # N27144

1. Entity Name

INDIAN HAMMOCK OWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 27 PM 5:22

Principal Place of Business	Mailing Address
932 INDIAN HAMMOCK DR OSTEEN FL 32764	932 INDIAN HAMMOCK DR OSTEEN FL 32764

DO NOT WRITE IN THIS SPACE
REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5320 Cypress Res. Pl. Suite, Apt. #, etc.
City & State	Winter Park, FL
Zip / Country	32792 / Seminole

4. FEI Number 59-3015891 ☐ Applied For ☐ Not Applicable

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
J SCOTT GREEN 932 INDIAN HAMMOCK DR OSTEEN FL 32764	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 _____ 11/22/00
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 **After September 13, 2000 min. will be $236.25**	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD J SCOTT GREEN 932 INDIAN HAMMOCK DR OSTEEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003496761---1 -12/12/00--01035--016 ****236.25 ****236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT NEFF, GLENORA 5320 CYPRESS RESERVE PLACE WINTER PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CHU, CLIFFORD C. 1209 COMMODORE DR NEW SMYRNA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WANDA VAN DAM 932 INDIAN HAMMOCK DR OSTEEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition JB 12/5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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 11-15-00 407-681-7294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #