FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 12 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000475 (4)**

1. Corporation Name
LAKE HAMMER ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5300 SOUTH ORANGE AVE. ORLANDO FL 32809	5300 SOUTH ORANGE AVE. ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3176491 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1600 Callie Court	26 1600 Callie Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Apopka, FL 32703	28 Apopka, FL 32703
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRELL, ROBERT S 5300 SOUTH ORANGE AVE. ORLANDO FL 32809	81 Name: Mike Feury 82 Street Address (P.O. Box Number is Not Acceptable): 1600 Callie Court 83 84 City: Apopka **FL** 85 Zip Code: 32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mike Feury 3/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory.) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME HARRELL, ROBERT S STREET ADDRESS 5300 S ORANGE AVE CITY-ST-ZIP ORLANDO FL — Delete	11 TITLE 12 NAME 13 STREET ADDRESS ← Delete 14 CITY-ST-ZIP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE President D MF 22 NAME Mike Feury 23 STREET ADDRESS 1600 Callie Court 24 CITY-ST-ZIP Apopka, FL 32703 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE Vice President D MF 32 NAME Linda-Lee Trembly 33 STREET ADDRESS 1615 Callie Court 34 CITY-ST-ZIP Apopka, FL 32703 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE Secretary D MF 42 NAME Tonya Richeson 43 STREET ADDRESS 1273 Cleveland Avenue 44 CITY-ST-ZIP Apopka, FL 32703 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE Treasurer D MF 52 NAME Heather Reaves 53 STREET ADDRESS 1255 Cleveland Avenue 54 CITY-ST-ZIP Apopka, FL 32703 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mike Feury 3/9/95 407-298-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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