

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000475 (4)

1. Corporation Name

LAKE HAMMER ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1600 CALLIE COURT
APOPKA FL 32703**

**1600 CALLIE COURT
APOPKA FL 32703**

3. Date Incorporated or Qualified
02/04/1993

3a. Date of Last Report
04/12/1995

(2) Principal Place of Business

(2a) Mailing Address

21 **1273 CLEVELAND AVENUE**

26 **1273 CLEVELAND AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **APOPKA**

FLORIDA

28 **APOPKA**

FLORIDA

Zip

Country

Zip

Country

24 **32703**

25 **ORANGE**

29 **32703**

30 **ORANGE**

4. FEI Number

59-3176491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

**FEURY, MIKE
1600 CALLIE COURT
APOPKA FL 32703**

81 Name

Tanya Richeson

82 Street Address (P.O. Box Number is Not Acceptable)

1273 CLEVELAND AVENUE

83

84 City

APOPKA

FL

85 Zip Code

32703

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Tanya Richeson

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when transacting)

2-21-96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD FEURY, MIKE ☒ DELETE

1600 CALLIE COURT

APOPKA FL 32703

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD TREMBLY, LINDA-LEE ☒ DELETE

1615 CALLIE COURT

APOPKA FL 32703

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD RICHESON, TONYA ☐ DELETE

1273 CLEVELAND AVE.

APOPKA FL 32703

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD REAVES, HEATHER ☒ DELETE

1255 CLEVELAD AVE.

APOPKA FL 32703

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **DAVID CRANDALL**

1.3 STREET ADDRESS **1641 CALLIE COURT**

1.4 CITY-ST-ZIP **APOPKA, FL 32703**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **WILLIE SIMS**

2.3 STREET ADDRESS **1610 CALLIE COURT**

2.4 CITY-ST-ZIP **APOPKA, FL 32703**

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **TANYA RICHESON**

3.3 STREET ADDRESS **1273 CLEVELAND AVENUE**

3.4 CITY-ST-ZIP **APOPKA, FL 32703**

4.1 TITLE **SD** ☐ Change ☒ Addition

4.2 NAME **MELINDA BAKER**

4.3 STREET ADDRESS **1248 CLEVELAND AVENUE**

4.4 CITY-ST-ZIP **APOPKA, FL 32703**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

Tanya Richeson, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

DATE

407-884-4319

DAYTIME PHONE #

CR2E037 (12/95)