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FILED

May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1273 CLEVELAND AVE
APOPKA FL 32703
US

Mailing Address

1273 CLEVELAND AVE
APOPKA FL 32703-1593
US

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

04/19/1996

2. Principal Place of Business

21 2180 WEST SR 434

2a. Mailing Address

26 2180 WEST SR 434

Suite, Apt. #, etc

22 5000

Suite, Apt. #, etc.

27 5000

City & State

23 LONGWOOD FL

City & State

28 LONGWOOD FL

Zip

24 32779

Country

25 USA

Zip

29 32779

Country

30 USA

4. FEI Number

59-3176491

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

RICHESON, TANYA
1273 CLEVELAND AVE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

JAMES W HART JR

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

SENTRY MANAGEMENT INC

83

2180 WEST SR 434 SUITE 5000

84

City LONGWOOD

FL

85

Zip Code 32779

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME CRANDALL, DAVID
STREET ADDRESS 1641 CALLIE COURT
CITY - ST - ZIP APOPKA FLTITLE VD ☐ DELETENAME SIMS, WILLIE
STREET ADDRESS 1610 CALLIE COURT
CITY - ST - ZIP APOPKA FLTITLE TD ☒ DELETENAME RICHESON, TANYA
STREET ADDRESS 1273 CLEVELAND AVE
CITY - ST - ZIP APOPKA FLTITLE SD ☐ DELETENAME BAKER, MELUNDA
STREET ADDRESS 1248 CLEVELAND AVE
CITY - ST - ZIP APOPKA FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012723

CR2E037 (9/96)