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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
 03-1999
 DOCUMENT # **N9300000475**
 1. Corporation Name **LAKE HAMMER ESTATES HOMEOWNERS ASSOCIATION, INC.**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

Principal Place of Business: **1611 Callie Ct., Apopka, FL 32703 US**
 Mailing Address: **P.O. Box 213, Apopka, FL 32704-0213 US**

2. Principal Place of Business	2a. Mailing Address
21 Penny R. Smith Suite, Apt. #, etc 22 1611 Callie Ct. City & State 23 Apopka, FL Zip 24 32703	25 US 26 LHEHA, Inc. Suite, Apt. #, etc 27 P.O. Box 213 City & State 28 Apopka, FL 32704-0213 Zip 29 32704-0213 Country 30 US

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*******61.25 *****61.25**
 3. Date Incorporated or Qualified **02/04/1993**
 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
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
Penny R. Smith
1611 Callie Ct.
Apopka, FL 32703

81 Name (Same as #9)
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	President/Director <input type="checkbox"/> DELETE
NAME	Penny R. Smith
STREET ADDRESS	1611 Callie Ct.
CITY-ST-ZIP	Apopka, FL 32703
TITLE	Vice President/Director <input type="checkbox"/> DELETE
NAME	Lori Slough
STREET ADDRESS	1258 E. Cleveland Street
CITY-ST-ZIP	Apopka, FL 32703
TITLE	Treasurer/Director <input type="checkbox"/> DELETE
NAME	Marie Sedens
STREET ADDRESS	1235 E. Cleveland Street
CITY-ST-ZIP	Apopka, FL 32703
TITLE	<input type="checkbox"/> DELETE
NAME	N/A
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	N/A
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	N/A
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	N/A
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	N/A
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	N/A
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	N/A
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	N/A
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	N/A
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **3/12/99** (407) 884-9576
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)