

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000475

1. Entity Name

LAKE HAMMER ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90013 015 ****61.25

Principal Place of Business

Mailing Address

1611 CALLIE COURT
 APOPKA FL 32703
 US

P.O. BOX 213
 APOPKA FL 32704-0213



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1258 Cleveland Ave

3. Mailing Address

Po Box 213

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 APOPKA FL
 Zip
 32703
 Country
 USA

City & State
 APOPKA FL
 Zip
 32704
 Country
 USA

4. FEI Number

59-3176491

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, PENNY
 1611 CALLIE COURT
 APOPKA FL 32703

7. Name and Address of New Registered Agent

Name
 LORI C SLOUGH
 Street Address (P.O. Box Number is Not Acceptable)
 1258 Cleveland Ave
 City
 APOPKA FL Zip Code
 32703

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 LORI C. SLOUGH / President HOA 2/8/00
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

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

| | | |
|--|-----------------|--|
| TITLE PD | SMITH, PENNY R | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 1611 CALLIE CT. | APOPKA FL 32703 | |
| TITLE VPD | SLOUGH, LORI | <input type="checkbox"/> Delete |
| STREET ADDRESS 1258 E. CLEVELAND STREET | APOPKA FL 32703 | |
| TITLE TD | SEDENS, MARIE | <input type="checkbox"/> Delete |
| STREET ADDRESS 1235 E. CLEVELAND STREET | APOPKA FL 32703 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--------------------------------------|---------------------|--|
| TITLE PD | LORI C SLOUGH | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1258 CLEVELAND AVE | APOPKA FL 32703 | |
| TITLE NAME | CINDY SANTIAGO / SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 1249 CLEVELAND AVE | APOPKA FL 32703 | |
| TITLE NAME | MARIA SEDENS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1235 CLEVELAND AVE | APOPKA FL 32703 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 407-333-7109

Date Daytime Phone #

CR2E037 (9/99)