

2001 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
May 23, 2001 8:00 am
Secretary of State

05-05-2001 90367 046 ****61.25

DOCUMENT # N93000000475

1. Entity Name

LAKE HAMMER ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1258 CLEVELAND AVE
 APOPKA FL 32703
 US

P.O. BOX 213
 APOPKA FL 32704

2. Principal Place of Business

1650 Callie Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka,

City & State

4. FEI Number

59-3176491

Applied For

Not Applicable

Zip

FL

Country

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLOUGH, LORI C
 1258 CLEVELAND AVE
 APOPKA FL 32703

7. Name and Address of New Registered Agent

Name Walker, Robert D.
 Street Address (P.O. Box Number is Not Acceptable)
1650 Callie Ct
 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

Robert Walker

Robert Walker, President

4-25-01

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	<input checked="" type="checkbox"/> Delete
NAME	SLOUGH, LORI C	
STREET ADDRESS	1258 CLEVELAND AVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SLOUGH, LORI	
STREET ADDRESS	1258 E. CLEVELAND STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SEDENS, MARIE	
STREET ADDRESS	1235 CLEVELAND AVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANTIAGO, CINDY	
STREET ADDRESS	1249 CLEVELAND AVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert D. Walker	
STREET ADDRESS	1650 Callie Ct	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin L. Roberts	
STREET ADDRESS	1635 Callie Ct	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Robin L Roberts

Robin L Roberts

4-25-01

407-884-5228

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/00)