

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-18-2001 90005 008 ****61.25

DOCUMENT # N95000003622 **LA**

1. Entity Name
Hills of Lake Louise Homeowners' Association Inc.

Principal Place of Business 1795 E. Hwy 50
Clermont FL 34711
US

Mailing Address 1795 E Hwy 50
Clermont FL 34711
US

2. Principal Place of Business P.O. Box 120555
Suite, Apt. #, etc.

3. Mailing Address P.O. Box 120555
Suite, Apt. #, etc.

City & State Clermont FL

City & State Clermont FL

Zip 34711 **Country** USA

Zip 34711 **Country** USA

4. FEI Number 59-3335578 **Applied For** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Hubbard, Tony R
11795 E Hwy 50
Clermont FL 34711

7. Name and Address of New Registered Agent **Cummins, PA**

Name Kristin Cummins Nailos

Street Address (P.O. Box Number is Not Acceptable) 450 E. Hwy 50, Suite 7

City Clermont **FL** **Zip Code** 34711

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 *Kristin Cummins Nailos* **Attorney** **4-27-01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW **IFEE IS \$81.25**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	☒ Delete
NAME	Hubbard Tony D	
STREET ADDRESS	P.O. Box 120726 N/A	
CITY-ST-ZIP	Clermont FL 34712-0726	
TITLE	DST	☒ Delete
NAME	Judy, Carole A	
STREET ADDRESS	P.O. Box 120726 N/A	
CITY-ST-ZIP	Clermont FL 34712-0726	
TITLE	P	☒ Delete
NAME	Quellette, Terri	
STREET ADDRESS	11849 Grand Hills Blvd	
CITY-ST-ZIP	Clermont FL 34711	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Change ☒ Addition
NAME	David Eide	
STREET ADDRESS	11629 Grand Bay Blvd	
CITY-ST-ZIP	Clermont FL 34711	
TITLE	DVP	☐ Change ☒ Addition
NAME	Brian Shank	
STREET ADDRESS	9103 Lazy Oak Ct	
CITY-ST-ZIP	Clermont FL 34711	
TITLE	DT	☐ Change ☒ Addition
NAME	Carla L Griffin	
STREET ADDRESS	9119 Lazy Oak Ct	
CITY-ST-ZIP	Clermont FL 34711	
TITLE	D/S	☐ Change ☒ Addition
NAME	Michelle Larson	
STREET ADDRESS	9516 White Sand Ct	
CITY-ST-ZIP	Clermont FL 34711	
TITLE		☐ Change ☐ 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: *Carla L Griffin* **Treasurer** **4/27/01 (352) 243-1524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)