2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90033 049 ****61.25

DOCUMENT # N95000003622

1. Entity Name

HILLS OF LAKE LOUISA HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 56-3335578 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAILES, KRISTIN C 450 E HWY 50 STE 7 CLERMONT FL 34711	JAMES W HART JR SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779

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 _____ 2/14/02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP EIDE, DAVID 11629 GRAND BAY BLVD CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERGSTEDT, JEFF 11802 GRAND HILLS BLVD. CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OVP SHANK, BRIAN 9103 LAZY OAK COURT CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SELAH, GEORGE 9224 WATER MEADOW COURT CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRIFFIN, CARLA L 9119 LAZY OAK COURT CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAFTER, CAROL 9544 LOUISA WOODS COURT CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LARSON, MICHELLE 9516 WHITE SAND COURT CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD 951 WHITE SAND COURT CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROVETTO, LINDA 9516 LOUISA WOODS COURT CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: GEORGE Selah 3/28/02 352-243-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #