

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000762

1. Entity Name

HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90014 035 ****61.25

Principal Place of Business

8019 N HIMES AVE
#101
TAMPA FL 33614
US

Mailing Address

8019 N HIMES AVE
#101
TAMPA FL 33614-2759
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564179

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HO, RONALD Y
8019 N HIMES AVE
#101
TAMPA FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 PD ☐ Delete

NAME HO, RONALD Y
STREET ADDRESS 8019 N HIMES AVE, #101
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition

TITLE VDT ☐ Delete

NAME HO, SAMUEL C
STREET ADDRESS 8019 N HIMES AVE, #101
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition

TITLE SD ☐ Delete

NAME HO, LILLIAN F
STREET ADDRESS 8019 N HIMES AVE, #101
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SAMUEL C HO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2000

(713) 933-3439

Date

Daytime Phone #

CR2E037 (9/99)