

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90061 034 \*\*\*\*\*61.25

0039470

**DOCUMENT # N98000000762**

1. Entity Name

**HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.**

Principal Place of Business

Mailing Address

8019 N HIMES AVE  
#101  
TAMPA FL 33614  
US

8019 N HIMES AVE  
#101  
TAMPA FL 33614  
US

2. Principal Place of Business

**8019 N. HIMES AVE**

3. Mailing Address

**8019 N. HIMES AVE**

Suite, Apt. #, etc.

**#500**

Suite, Apt. #, etc.

**#500**

City & State

**TAMPA, FL.**

City & State

**TAMPA, FL.**

Zip

**33614**

Country

**US**

Zip

**33614**

Country

**US**

4. FEI Number

**59-3564179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HO, RONALD Y  
8019 N HIMES AVE  
~~#101~~ **#500**  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

**Same**

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

*Ronald Y. Ho*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/12/2001**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HO, RONALD Y  
8019 N HIMES AVE, ~~#101~~ **#500**  
TAMPA FL 33614 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VDT  
HO, SAMUEL C  
8019 N HIMES AVE, ~~#101~~ **#500**  
TAMPA FL 33614 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HO, LILLIAN F  
8019 N HIMES AVE, ~~#101~~ **#500**  
TAMPA FL 33614 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/12/2001**

**813-953-3439**

CR2E037 (10/00)