

4/23

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-23-2001 90233 032 ****70.00

DOCUMENT # N99000004169

1. Entity Name

SAM ALLEN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

819 THOMPSON ROAD
LITHIA FL 33547819 THOMPSON ROAD
LITHIA FL 33547

2. Principal Place of Business

3. Mailing Address

3314 Sam Allen Oaks Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Plant City, FL**Plant City, FL**

4. FEI Number

59-3605261

Applied For

Not Applicable

33565**Hillsborough****33565****Hillsborough**

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

LAMPP, YVETTE
819 THOMPSON ROAD
LITHIA FL 33547

Name **LARRY J. ARCHBELL**
 Street Address (P.O. Box Number is Not Acceptable)
3314 Sam Allen Oaks Circle
 City **Plant City** FL **33565**

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] **Tamara - Registered Agent**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

DATE

4-15-01

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	DPT LAMPP, WAYNE 819 THOMPSON ROAD LITHIA FL 33547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV LAMPP, YVETTE 819 THOMPSON ROAD LITHIA FL 33547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HINTON, CAROL M 3902 S. DRAWDY ROAD PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PRESTON SPARKMAN 3321 SAM ALLEN OAKS CIRCLE PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President SUZANNE LA PROVA 3306 CUMMINGS PLACE PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary DON ROY 2208 VILLAGE AT PARK ROAD PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer LARRY J. ARCHBELL 3314 SAM ALLEN OAKS CIRCLE PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ERIC JOHNSON 206 CRAFT ROAD BRANDON, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-15-01
 Date

Daytime Phone #

CR2E037 (10/00)