

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NA300000881**

1. Entity Name: **Hammock Pointe Utility Assoc, Inc.**  
**W-9929**

FILED

00 JUN -2 PM 3:37

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: ~~5058 Hammock Circle~~  
**5258 Hammock Circle**  
**St. Cloud, FL 34771**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **P.O. Box 700355**  
 Suite, Apt. #, etc.

City & State: **St. Cloud, FL**  
 City & State: **St. Cloud, FL**  
 Zip: **34741** Country: **USA**

**REINSTATEMENT 94-00**

4. FEI Number: **59-3215043**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:  
**Smith, Kent F.**  
**90 Hammock Pointe HOA**  
**5216 Hammock Pointe Ct.**  
**St. Cloud, FL 34771**

7. Name and Address of New Registered Agent:  
 Name: **F. Kent Smith**  
 Street Address (P.O. Box Number is Not Acceptable): **705 E. Oak Street Suite D**  
 City: **Kissimmee** State: **FL** Zip Code: **34744**

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]* **F. Kent Smith** **3-29-00**  
 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	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>Smith, Kent F.</b>	
STREET ADDRESS: <b>5258 Hammock Cir.</b>	
CITY-ST-ZIP: <b>St. Cloud, FL 34741</b>	
TITLE: <b>STD</b>	<input type="checkbox"/> Delete
NAME: <b>Koger, Derrick L.</b>	
STREET ADDRESS: <b>5258 Hammock Cir.</b>	
CITY-ST-ZIP: <b>St. Cloud, FL 34741</b>	
TITLE: <b>V.P.D.</b>	<input type="checkbox"/> Delete
NAME: <b>Smith, Lee L.</b>	
STREET ADDRESS: <b>1061 Seminole Creek Dr.</b>	
CITY-ST-ZIP: <b>Dviedo, FL 32765</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **F. Kent Smith** **3/29/00** **407-892-9**

CR2:037:9/99