

**201 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**  
 05-21-2001 90347 028 \*\*\*\*61.25

**DOCUMENT #** NA300000000000000001  
 1. Entity Name  
 Hammock Pointe Utility Association, Inc. ✓

**00055722**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

2. Principal Place of Business  
 World of Homes  
 Suite, Apt. #, etc.  
 820 Palmway Street  
 City & State  
 Kissimmee, FL.  
 Zip  
 34744 Country  
 U.S.A.

3. Mailing Address  
 World of Homes  
 Suite, Apt. #, etc.  
 820 Palmway Street  
 City & State  
 Kissimmee, FL.  
 Zip  
 34744 Country  
 U.S.A.

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  
 World of Homes  
 820 Palmway Street  
 Kissimmee, FL. 34744

7. Name and Address of New Registered Agent  
 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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Kent F. Smith		NAME		
STREET ADDRESS	456 Old Farm Road		STREET ADDRESS		
CITY-ST-ZIP	Banner Elk, NC. 28604		CITY-ST-ZIP		
TITLE	T/S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Derrick Koger		NAME		
STREET ADDRESS	705 E. OAK ST. SUITE D		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Lee Smith		NAME		
STREET ADDRESS	456 Old Farm Road		STREET ADDRESS		
CITY-ST-ZIP	Banner Elk, NC. 28604		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Derrick L. Koger Date: 4/30/01 Daytime Phone #: 407-935-1886.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)