

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90256 005 \*\*\*\*70.00

**DOCUMENT # N01000003809**

1. Entity Name  
**LAKE MONTGOMERY ESTATES HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business  
**1311 WINTER GARDEN VINELAND RD.  
WINTER GARDEN, FL 34787-4342**

Mailing Address  
**1311 WINTER GARDEN VINELAND RD.  
WINTER GARDEN, FL 34787-4342**

2. Principal Place of Business  
**11336 Lake Montgomery Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**11437 Via De Renee Pl**  
Suite, Apt. #, etc.



03312005 Chg-NP CR2E037 (10/03)

City & State  
**Clermont FL**

City & State  
**Clermont FL**

4. FEI Number  
**59-3725669**

Applied For  
Not Applicable

Zip  
**34711**

Country  
**U.S.**

Zip  
**34711**

Country  
**U.S.**

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GILLI, HARRY R  
1311 WINTER GARDEN VINELAND RD.  
WINTER GARDEN, FL 34787-4342**

**7. Name and Address of New Registered Agent**

Name **Linda Romea**  
Street Address (P.O. Box Number is Not Acceptable)  
**11151 Lake Montgomery Blvd**  
City **Clermont** FL Zip Code **34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
GILLI, HARRY R  
1311 WINTER GARDEN VINELAND RD.  
WINTER GARDEN, FL 347874342** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
DAVIS, TAMARA  
1311 WINTER GARDEN VINELAND RD.  
WINTER GARDEN, FL 347874342** ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
Heide Mohamed  
11336 Lake Montgomery Blvd  
Clermont FL 34711** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D  
Peter Lizata  
16033 71st Ln N  
Loxahatchee FL 33470** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/S/D  
Marc Rothstein  
11437 Via De Renee Pl  
Clermont FL 34711** ☐ Change ☒ Addition

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

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

TITLE  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/05**

**678-778-6307**

Date

Daytime Phone #