2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State
02-21-2006 90016 001 ****61.25

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

Principal Place of Business	Mailing Address
11336 LAKE MONTGOMERY BLVD CLERMONT, FL 34711 US	11437 VIA DE PENEE PL CLERMONT, FL 34711 US

01082006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
11151 Lake Montgomery Blvd	11437 Via De Renee Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont Fl	City & State: Clermont Fl
Zip: 34715 Country: US	Zip: 34711 Country: US

4. FEI Number: 59-3725669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMEA, LINDA
11151 LAKE MONTGOMERY BLVD
CLERMONT, FL 34711 — Zip code changed to 34715

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code 34715

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 ______________________________ DATE

Filing Fee is $61.25
Due by May 1, 2006

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	Delete
PD	MOHAMED, HEIDE	11336 LAKE MONTGOMERY BLVD	CLERMONT, FL 34711	☑
VD	LICATA, PETER	16033 71ST LN N	LOXAHATCHEE, FL 33470	☐
TSD	ROTHSTEIN, MARC	11437 VIA DE RENEE PL	CLERMONT, FL 34711	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Linda Romea	11151 Lake Montgomery Blvd	Clermont Fl 34715	☐	☑
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marc Rothstein MARC ROTHSTEIN 2/17/06 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #