

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003809

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



Principal Place of Business 11151 LAKE MONTGOMERY BLVD CLERMONT, FL 34715 US	Mailing Address 11437 VIA DE RENEE PLACE CLERMONT, FL 34711 US
---	---

DO NOT WRITE IN THIS SPACE



02232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3725669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROMEIA, LINDA
 11151 LAKE MONTGOMERY BLVD
 CLERMONT, FL 34715**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

1100000841881
 03/11/08-80005-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMEIA, LINDA 11151 LAKE MONTGOMERY BLVD CLERMONT, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LICATA, PETER 16033 71ST LN N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ROTHSTEIN, MARC 11437 VIA DE RENEE PL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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** 2/22/08 678-778-6307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #