

# 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 ☐ **\$8.75 Additional  
Fee Required**

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

**ROMEA, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**000000841881  
03/11/08-80005-017 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMEA, 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	

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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 #