

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90206 013 \*\*\*\*61.25

**DOCUMENT # N30918**

1. Entity Name  
**LAKEMONT OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2887 DICKIE CT.  
JACKSONVILLE, FL 32216 US**

Mailing Address  
**P.O. BOX 551423  
JACKSONVILLE, FL 32255-1423**

2. Principal Place of Business - No P.O. Box #  
**8078 DICKIE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**8078 DICKIE DR**  
Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL 32216**

City & State  
**JACKSONVILLE, FL**

04092007 Chg-NP CR2E037 (12/06)

Zip  
**32216**

Country  
**USA**

Zip  
**32216**

Country  
**USA**

4. FEI Number  
**59-2966510**

Applied For  
☐ Not Applicable

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

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

**BULLINGTON, CHRISTOPHER B  
2887 DICKIE CT.  
JACKSONVILLE, FL 32216**

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

Name  
**CHRISTOPHER W. ANDREWS**  
Street Address (P.O. Box Number is Not Acceptable)  
**8078 DICKIE DR**  
City  
**JACKSONVILLE** **FL** Zip Code  
**32216**

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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**PTD  
BULLINGTON, CHRISTOPHER B  
2887 DICKIE CT.  
JACKSONVILLE, FL 32216** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
LOWE, CHARLES H  
2870 DICKIE CT.  
JACKSONVILLE, FL 32216** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
WINSHIP, REBECCA L  
2886 DICKIE CT.  
JACKSONVILLE, FL 32216** ☐ 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  
**PD  
CHRISTOPHER W. ANDREWS  
8078 DICKIE DR  
JACKSONVILLE, FL 32216** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
ANNA CANDIDO  
8082 DICKIE DR  
JACKSONVILLE, FL 32216** ☐ 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

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Christopher W. Andrews, PD 4/9/07**

**(404) 891-4601**