

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30918

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: LAKEMONT OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

8078 DICKIE DR  
JACKSONVILLE, FL 32216 US

## New Principal Place of Business:

2870 DICKIE COURT  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

8078 DICKIE DR  
JACKSONVILLE, FL 32216 US

## New Mailing Address:

2870 DICKIE COURT  
JACKSONVILLE, FL 32216 US

FEI Number: 59-2966510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ANDREWS, CHRISTOPHER W  
8078 DICKIE DR  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

LOWE, CHARLES H  
2870 DICKIE COURT  
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: CHARLES H LOWE

07/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ANDREWS, CHRISTOPHER W  
Address: 8078 DICKIE DR  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VD ( ) Delete  
Name: LOWE, CHARLES H  
Address: 2870 DICKIE CT.  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: SD ( ) Delete  
Name: WINSHIP, REBECCA L  
Address: 2886 DICKIE CT.  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: TD ( ) Delete  
Name: CANDIDO, ANNA  
Address: 8078 DICKIE DR  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOWE, CHARLES H  
Address: 2870 DICKIE COURT  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VD (X) Change ( ) Addition  
Name: CLAY, AMI  
Address: 8074 DICKIE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H LOWE

PD

07/10/2009

Electronic Signature of Signing Officer or Director

Date