

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43292**

1. Entity Name  
 LAKEMONT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1009 PEACHWOOD DRIVE  BRANDON FL 33510	Mailing Address P O BOX 823  BRANDON FL 335090823
---	--

2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
---	---

4. FEI Number  
**59-3141200**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HIXON JOE**  
 1009 PEACHWOOD DRIVE  
  
 BRANDON FL 33510

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE **04/30/2001**

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SLIZEWSKI BECKY
STREET ADDRESS	901 LAKEMONT HILLS BLVD.
CITY-ST-ZIP	BRANDON FL 33510
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON SCOTT
STREET ADDRESS	1010 PEACHWOOD DR.
CITY-ST-ZIP	BRANDON FL 33510
TITLE	D <input type="checkbox"/> Delete
NAME	JACOB MAURICE
STREET ADDRESS	1048 MALLETWOOD
CITY-ST-ZIP	BRANDON FL 33510
TITLE	D <input type="checkbox"/> Delete
NAME	ROMERO VANESSA
STREET ADDRESS	1006 PEACHWOOD DR.
CITY-ST-ZIP	BRANDON FL 33510
TITLE	D <input type="checkbox"/> Delete
NAME	HIXON JOE
STREET ADDRESS	1009 PEACHWOOD DRIVE
CITY-ST-ZIP	BRANDON FL 33510
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joe Hixon** Pres **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)