

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90366 039 ****61.25

0076775

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 33509-0823
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2. Principal Place of Business 1006 Peachwood Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brandon FL	City & State	4. FEI Number 59-3141200	Applied For Not Applicable
Zip 33510	Country USA	Zip	Country



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 **Joyce Morgan**
 Street Address (P.O. Box Number is Not Acceptable)
1006 Peachwood Dr
 City **Brandon** FL Zip Code **33510**

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 *Joyce Morgan* DATE 3/5/02
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIXON, JOE 1009 PEACHWOOD DRIVE BRANDON FL 33510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, VANESSA 1006 PEACHWOOD DR. BRANDON FL 33510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, MAURICE 1048 MALLETWOOD BRANDON FL 33510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SCOTT 1010 PEACHWOOD DR. BRANDON FL 33510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLIZEWSKI, BECKY 901 LAKEMONT HILLS BLVD. BRANDON FL 33510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joyce MORGAN 1006 Peachwood Dr. Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Hixon 1009 Peachwood Dr. Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keith, Debra 1007 Peachwood Dr. Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joyce Morgan* **SIGNATURE REQUIRED** DATE 3/5/02 DAYTIME PHONE # (813) 643-1091
(Signature typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (9/01)