


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90036 003 ****61.25

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DOCUMENT # N43292 1. Entity Name LAKEMONT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1044 MALLEWOOD DR BRANDON, FL 33510		Mailing Address P O BOX 823 BRANDON, FL 33509-0823	
2. Principal Place of Business 1012 Malletwood Dr Suite, Apt. #, etc.		3. Mailing Address PO Box 823 Suite, Apt. #, etc.	
City & State Brandon FL		City & State Brandon FL	
4. FEI Number 59-3141200	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NAST, HAROLD 1044 MALLEWOOD DRIVE BRANDON, FL 33510		7. Name and Address of New Registered Agent Name <u>Thomas Watkins</u> Street Address (P.O. Box Number is Not Acceptable) <u>1012 Malletwood Dr</u> City <u>Brandon</u> FL Zip Code <u>33510</u>	
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: <u>Thomas Watkins</u> <u>Thomas T. Watkins</u> President 01/31/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PD NAST, HAROLD 1044 MALLEWOOD DRIVE BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH, DEBRA 1007 PEACHWOOD DR 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	SD RIFFEY, KRISTINA 1042 MALLEWOOD DR BRANDON, FL 33510	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	President - D Thomas Watkins 1012 Malletwood Dr Brandon FL 33510-2572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President - D Roberto Albarran 908 Lakemont Hills Blvd Brandon FL 33510-2540	<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: <u>Thomas Watkins</u> <u>Thomas T. Watkins</u> 01/31/04 (813)305-1037 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			