


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90536 015 ****61.25

DOCUMENT # N43292

1. Entity Name
LAKEMONT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1012 MALLETWOOD DR.
 BRANDON, FL 33510**

Mailing Address
**P O BOX 823
 BRANDON, FL 33509-0823**

00046336

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



04062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3141200

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WATKINS, THOMAS
 1012 MALLETWOOD DR.
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	PD WATKINS, THOMAS 1012 MALLETWOOD DR. BRANDON, FL 33510 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ALBARRAN, ROBERTO 908 LAKEMONT HILLS BLVD. BRANDON, FL 33510 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-T JOHNSON, SCOTT 1010 PEACHWOOD DR. BRANDON, FL 33510 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIFFEY, KRISTINA 1042 MALLETWOOD DR BRANDON, FL 33510 <input checked="" 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	2VA Nast, Harold -D. 1044 Malletwood Dr. BRANDON, FL 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D White, Kasey R. 1004 Malletwood 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: Scott D. Johnson - Scott D. Johnson D-Treas. Date: 4/30/05 Daytime Phone #: 813-684-5276