


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43292</b> 1. Entity Name LAKEMONT HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1012 MALLETWOOD DR. BRANDON, FL 33510	Mailing Address P O BOX 823 BRANDON, FL 33509-0823
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**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3141200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  WATKINS, THOMAS 1012 MALLETWOOD DR. BRANDON, FL 33510
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATKINS, THOMAS 1012 MALLETWOOD DR. BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD NAST, HAROLD 1044 MALLETWOOD DR BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SCOTT 1010 PEACHWOOD DR. BRANDON, FL 33510
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000763231  
05/29/07-80048-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/30/07 913-684-5276  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #