


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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



03132008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent WATKINS, THOMAS 1012 MALLEWOOD DR. BRANDON, FL 33510

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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00000307231 05/05/08-80032-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WATKINS, THOMAS
STREET ADDRESS	1012 MALLEWOOD DR.
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	2VD
NAME	NAST, HAROLD
STREET ADDRESS	1044 MALLEWOOD DR
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D
NAME	JOHNSON, SCOTT
STREET ADDRESS	1010 PEACHWOOD DR.
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Thomas J. Watkins* Thomas T. Watkins 04/15/08 (813)659-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #