


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

521.

05-02-2003 90216 031 ***61.25

DOCUMENT # N43292
1. Entity Name
LAKEMONT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1006 PEACHWOOD DRIVE
BRANDON FL 33510**

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

00040000

2. Principal Place of Business
1044 Malletwood Dr.

3. Mailing Address
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Brandon, FL

City & State
City & State

Zip
33510

Country
USA

Zip
Country

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
**MORGAN, JOYCE
1006 PEACHWOOD DRIVE
BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name **Harold Nast**

Street Address (P.O. Box Number is Not Acceptable)
1044 Malletwood Drive

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Harold Nast** **Harold Nast President** **4/7/03**

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

FILE NOW: FEE IS \$91.25

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	D HIXON, ROBIN 1009 PEACHWOOD 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 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 MORGAN, JOYCE 1006 PEACHWOOD 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	President Harold Nast 1044 Malletwood Drive Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kristina Riffey 1042 Malletwood Drive 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** **4/30/03** **913-684-5276**

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

CR2E037 (10/02)