

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90227 004 ****61.25

DOCUMENT # N48526 1. Entity Name LAKEMONT COVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business SANDCASTLE COMMUNITY MGMT P.O. BOX 8478 NAPLES, FL 34101		Mailing Address SANDCASTLE COMMUNITY MGMT P.O. BOX 8478 NAPLES, FL 34101	
2. Principal Place of Business - No P.O. Box # <i>c/o Sandcastle Community Mgmt</i> Suite, Apt. #, etc. 1719 Trade Center Way #4 City & State Naples, FL Zip 34109		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0337007		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 WINKLER, NANCY 1719 TRADE CENTER WAY SUITE 4 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name <i>Brad Thomas c/o</i> Street Address (P.O. Box Number is Not Acceptable) <i>Sandcastle Community Management</i> 1719 Trade Center Way, Ste 4 City <i>Naples</i> FL Zip Code 34109	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HEMSWORTH, BRIAN 24809 LAKEMONT COVE 201 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT THOMSON, PAUL 24796 LAKEMONT COVE 202 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KLINKHAMER, WAYNE 24833 LAKEMONT COVE BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PITCHER, KEITH 24778 LAKEMONT COVE 202 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BLALOCK, CAROL 24700 LAKEMONT COVE LANE., #103 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Brad Thomas</i>		Date 4-23-07 - 959348.9545	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	