

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48526

FILED
Mar 13, 2009
Secretary of State

Entity Name: LAKEMONT COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SANDCASTLE COMMUNITY MGMT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

SANDCASTLE COMMUNITY MGMT
P.O. BOX 8478
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0337007 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, BRAD C/O
SANDCASTLE COMMUNITY MANAGEMENT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: AVAGLIANO, DENIS
Address: 24820 LAKEMONT COVE LN #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT () Delete
Name: THOMSON, PAUL
Address: 24796 LAKEMONT COVE 202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DP () Delete
Name: KLINKHAMER, WAYNE
Address: 24833 LAKEMONT COVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV () Delete
Name: PITCHER, KEITH
Address: 24778 LAKEMONT COVE 202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MURPHY, JAMES P
Address: 24808 LAKEMONT COVE LN #102
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: AVAGLIANO, DENIS
Address: 24820 LAKEMONT COVE LN #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Change () Addition
Name: DIEDERICH, RICHARD
Address: 24821 LAKEMONT COVE #204
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DP (X) Change () Addition
Name: KLINKHAMER, WAYNE
Address: 24833 LAKEMONT COVE #204
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP (X) Change () Addition
Name: PITCHER, KEITH
Address: 24778 LAKEMONT COVE 202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE KLINKHAMER

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date