

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48526

FILED
Mar 29, 2012
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:

C/O SANDCASTLE COMMUNITY MGMT
400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109

Current Mailing Address:

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

New Mailing Address:

C/O SANDCASTLE COMMUNITY MGMT
400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109

FEI Number: 65-0337007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPPIE, CAROLYN
SANDCASTLE COMMUNITY MANAGEMENT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

OPPIE, CAROLYN
SANDCASTLE COMMUNITY MANAGEMENT
400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109 US

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: _____

03/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD
Name: AVAGLIANO, DENIS
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: D
Name: WITHRINGTON, GEOFFREY
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: DP
Name: KLINKHAMER, WAYNE
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: DVP
Name: PITCHER, KEITH
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: VPD
Name: MURPHY, JAMES P
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: WAYNE KLINKHAMER

PD

03/29/2012

Electronic Signature of Signing Officer or Director

Date