

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004802

FILED
Apr 03, 2006
Secretary of State

Entity Name: LAKEMONT VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 663
SEFFNER, FL 33583 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 663
SEFFNER, FL 33583 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, DEBORAH A
614 LAKEMONT DR.
BRANDON, FL 33510 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: DP () Delete
Name: ROGERS, BOBBY
Address: 614 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: DV () Delete
Name: WHITE, DONALD
Address: 630 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: TR () Delete
Name: MUGGLEBERG, NANCY
Address: 639 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: CL () Delete
Name: ROGERS, DEBBIE
Address: 614 LAKMONT DR
City-St-Zip: BRANDON, FL 33510

Title: DCC (X) Delete
Name: WORRELL, ED
Address: 637 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGERS, BOBBY
Address: 614 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: V (X) Change () Addition
Name: WHITE, DONALD
Address: 630 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: S (X) Change () Addition
Name: OLESON, DENNIS
Address: 672 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH A. ROGERS

CL

04/03/2006

Electronic Signature of Signing Officer or Director

Date