2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N97000004802

Entity Name: LAKEMONT VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

656 LAKEMONT DR.
BRANDON, FL 33510 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 663
SEFFNER, FL 33583

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HICKMAN, DEEDRA
656 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: P ( ) Delete
Name: VINSON, SHAWN
Address: 649 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: V ( ) Delete
Name: PHILLIPS, STEVE
Address: 606 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: T ( ) Delete
Name: HICKMAN, DEEDRA
Address: 656 LAKEMONT DR.
City-St-Zip: BRANDON, FL 33510 US

Title: S (X) Delete
Name: PITTMAN, DEWEY
Address: 608 LAKMONT DR
City-St-Zip: BRANDON, FL 33510

Title: CL (X) Delete
Name: BAGBY, RANDY
Address: 662 LAKMONT DR
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SIEGLER, MICHAEL
Address: 671 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

Title: S (X) Change ( ) Addition
Name: UPDIKE, KATHI
Address: 657 LAKEMONT DRIVE
City-St-Zip: BRANDON, FL 33510

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

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 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: DEEDRA HICKMAN T 05/02/2008
Electronic Signature of Signing Officer or Director — Date