2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001204

FILED Mar 26, 2009 Secretary of State

Entity Name: THE VILLAS I AT LAKEMONT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

MYERS BRETTHOLZ & CO; P.A.

12671 WHITENALL DR.

FORT MYERS, FL 33907

MYERS BRETTHOLZ & CO; P.A.

12671 WHITEHALL DR.

FORT MYERS, FL 33907

MYERS BRETTHOLZ & CO; P.A.

12671 WHITEHALL DR.

FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

MYERS BRETTHOLZ & CO; P.A.

12671 WHITENALL DR.

FORT MYERS, FL 33907

MYERS BRETTHOLZ & CO; P.A.

12671 WHITEHALL DR.

FORT MYERS, FL 33907

FEI Number: 65-0825021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BECKER & POLIAKOFF

14241 METROPLIS AVE SUITE 100
FORT MYERS, FL 33912 US

BECKER & POLIAKOFF

14241 METROPOLIS AVE SUITE 100
FORT MYERS, FL 33912 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: 03/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DVP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 KLUCH, STEVE
 Name:
 KLUCH, STEVE

 Address:
 10303 WHITE PALM WAY
 Address:
 10303 WHITE PALM WAY

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33912

Title: P () Delete Title: () Change () Addition

 Name:
 COLLINS, ROBERT
 Name:

 Address:
 10326 WHITE PALM WAY
 Address:

 City-St-Zip:
 FORT MYERS, FL 33966
 City-St-Zip:

Title: TS () Delete Title: S/T (X) Change () Addition

Name:WALDWORTH, SHARONName:WALDWORTH, SHARONAddress:10315 WHITE PALM WAYAddress:10315 WHITE PALM WAYCity-St-Zip:FORT MYERS, FL 33966City-St-Zip:FORT MYERS, FL 33966

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: ROBERT COLLINS P 03/26/2009