

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90330 002 ****61.25

DOCUMENT # 724554 1. Entity Name MONTEGO MANOR, INC.	
--	---

Principal Place of Business 187 FOREST LAKES BLVD NAPLES, FL 34105 US	Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105 US
---	---

24046999



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

04042004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-1468064	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent GRACEY, ROBERT 187 FOREST LAKES BLVD. NAPLES, FL 34105	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, RON 215 CYPRESS WAY E #A1 NAPLES, FL 34110 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORRETTA, JUDY 215 CYPRESS WAY E #C7 NAPLES, FL 34110 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, LEE 1215 CYPRESS WAY E B1 NAPLES, FL 34110 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, DAVID 215 CYPRESS WAY E #B2 NAPLES, FL 34110 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GRACEY, ROBERT 187 FOREST LAKES BLVD NAPLES, FL 34105 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, SUSAN 215 CYPRESS WAY E #D6 NAPLES, FL 34110 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition WARD, CHARLES 215 CYPRESS WAY E. D1 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Gracey **4/16/04** **239-649-5667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #