

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 012 ****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		
2. Principal Place of Business - No P.O. Box # 215 CYPRESS WAY E.		3. Mailing Address COASTAL PROPERTY MGMT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 501 GOODLETTE RD. N C-200			
City & State 		City & State NAPLES FL			
Zip 34110		Country		01302008 Chg-NP CR2E037 (12/06)	
Zip 34102		Country		4. FEI Number 59-1468064	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COASTAL PROPERTY MANAGEMENT OF SW FLORIDA 501 GOODLETTE RD N STE C-200 NAPLES, FL 34102					
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 <u><i>JOHN S. GREEN</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) MANAGER 4/3/08 DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, RON		NAME		
STREET ADDRESS	215 CYPRESS WAY E #A1		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ORLEA, RICHARD		NAME		
STREET ADDRESS	215 CYPRESS WAY EAST # B5		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARD, CHARLES		NAME		
STREET ADDRESS	215 CYPRESS WAY E D1		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALL, DAVID		NAME		
STREET ADDRESS	215 CYPRESS WAY E #B2		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARRAWAY, JOANN		NAME		
STREET ADDRESS	215 CYPRESS WAY E A2		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>JOHN S. GREEN</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/3/08 239/434-2077 Date Daytime Phone #					