

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:22

DOCUMENT # **N02571** (0)

1. Corporation Name

**MONTPELIER VILLAGE CLUB, INC.**

Principal Place of Business

Mailing Address

5605 MORMON DRIVE  
ORLANDO FL 32821

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ORLANDO FL 32821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/16/1984** 3a. Date of Last Report **03/11/1994**

4. FEI Number **59-2481433** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEIER, GEORGE A, III  
1000 LEGION PL  
SUITE 1700  
ORLANDO FL 32802

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT**  
NAME **DAVIS, JOHN B.**  
STREET ADDRESS **10564 MONTPELIER CIR**  
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **DP**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DS**  
NAME **POLANSKY, MARGARITA**  
STREET ADDRESS **10327 MANILA BAY DR.**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **DS**  Change  Addition  
2.2 NAME **JOHN C. BANKER JR.**  
2.3 STREET ADDRESS **5527 MINUTEMAN COURT**  
2.4 CITY-ST-ZIP **ORLANDO FLORIDA 32821**

TITLE **D**  
NAME **GOLDMAN, THEDA**  
STREET ADDRESS **10440 MANASSAS CIR.**  
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **DV**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **DV**  Change  Addition  
4.2 NAME **GABRIEL ROSEN**  
4.3 STREET ADDRESS **5638 MARRET COURT**  
4.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32821**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **T**  Change  Addition  
5.2 NAME **OSCAR STANTON**  
5.3 STREET ADDRESS **10213 MARCO POLO DR.**  
5.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32821**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this original report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gabriel Rosen*  
DIGITALLY AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

01/25/95

407-352-0395