

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 04/16/1984	3a. Date of Last Report 02/14/1995
4. FEI Number 59-2481433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE
NAME	DAVIS, JOHN B.	1.2 NAME
STREET ADDRESS	10564 MONTPELIER CIR	1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP
TITLE	DS	2.1 TITLE
NAME	BANKER, JOHN C JR	2.2 NAME
STREET ADDRESS	5527 MINUTEMAN COURT	2.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP
TITLE	DV	3.1 TITLE
NAME	GOLDMAN, THEDA	3.2 NAME
STREET ADDRESS	10440 MANASSAS CIR.	3.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP
TITLE	DV	4.1 TITLE
NAME	ROSEH, GABRIEL	4.2 NAME
STREET ADDRESS	5638 MINARET COURT	4.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP
TITLE	T	5.1 TITLE
NAME	STANTON, OSCAR	5.2 NAME
STREET ADDRESS	10223 MARCO POLO DR	5.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
GABRIEL ROSEN	1.2 NAME	
5638 MINARET COURT	1.3 STREET ADDRESS	
ORLANDO FL. 32821	1.4 CITY-ST-ZIP	
1STV	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
JERRY HARRIS	2.2 NAME	
10504 MONTPELIER CIRCLE	2.3 STREET ADDRESS	
ORLANDO, FL. 32821	2.4 CITY-ST-ZIP	
2NDV	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MARILYN MASS	3.2 NAME	
10404 MANASSAS CIRCLE	3.3 STREET ADDRESS	
ORLANDO, FL. 32821	3.4 CITY-ST-ZIP	
S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LILLIAN KNOX	4.2 NAME	
10435 MANASSAS CIRCLE	4.3 STREET ADDRESS	
ORLANDO, FL. 32821	4.4 CITY-ST-ZIP	
	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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: **OSCAR STANTON, TREASURER** Date: **04.11.96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: **407-352-0289**

CR2E037 (12/95)

Bank deposit \$61.25