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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02571 (0)
1. Corporation Name
MONTPELIER VILLAGE CLUB, INC.



Principal Place of Business: 5605 MORMON DRIVE ORLANDO FL 32821
Mailing Address: 5605 MORMON DRIVE ORLANDO FL 32821-6631

3. Date Incorporated or Qualified 04/16/1984	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2481433	Applied For <input type="checkbox"/> 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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
MEIER, GEORGE A, III
1000 LEGION PL
SUITE 1700
ORLANDO FL 32802

10. Name and Address of New Registered Agent
81 Name: Neal McCulloh
82 Street Address (P.O. Box Number is Not Acceptable): 1045 Maitland Center Commons Blvd
83
84 City: Maitland FL 85 Zip Code: 32757

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 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	ROSEN, GABRIEL	
STREET ADDRESS	5638 MINARET COURT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	STV	
NAME	HARRIS, JERRY	
STREET ADDRESS	10504 MONTPELIER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MASS, MARILYN	
STREET ADDRESS	10404 MANASSAS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KNOX, LILLIAN	
STREET ADDRESS	10435 MANASSAS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STANTON, OSCAR	
STREET ADDRESS	10223 MARCO POLO DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	SAME		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	SAME		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	N.D.V.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	MICHAEL HANNAH		
3.3 STREET ADDRESS	5626 MINARET CT.		
3.4 CITY-ST-ZIP	ORLANDO FL 32821		
4.1 TITLE	S.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	CAROL HUBBARD		
4.3 STREET ADDRESS	5618 WILDFLOWER RD		
4.4 CITY-ST-ZIP	ORLANDO FL 32821		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	TOM SHORIAK		
5.3 STREET ADDRESS	10416 MANASSAS CIR.		
5.4 CITY-ST-ZIP	ORLANDO, FL 32821		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: 03/26/97 407-352-0385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0017547

CR2E037 (9/96)