


FILE NOW: FILING FEE IS \$61.25

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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 5605 MORMON DRIVE ORLANDO FL 32821	Mailing Address 5605 MORMON DRIVE ORLANDO FL 32821
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3. Date Incorporated or Qualified 04/16/1984
4. FEI Number 59-2481433
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**MCCULLON, NEAL
1045 MAITLAND CENTER COMMONS BLVD
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
**ALEXANDER PROFESSIONAL ASSOCIATION
1491 CONROY WINDMILL LANE ROAD
SUITE I
ORLANDO FL 32835**

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]* **PRESIDENT, ALEXANDER PROFESSIONAL ASSN 4/13/98**

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	D
NAME	ROSEN, GABRIEL	1.2 NAME	ROSEN, GABRIEL
STREET ADDRESS	5638 MINARET COURT	1.3 STREET ADDRESS	5638 MINARET COURT
CITY-ST-ZIP	ORLANDO FL 32821	1.4 CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	DVI	2.1 TITLE	D
NAME	HARRIS, JERRY	2.2 NAME	HARRIS, JERRY
STREET ADDRESS	10504 MONTPELIER CIRCLE	2.3 STREET ADDRESS	10504 MONTPELIER CIRCLE
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	DV	3.1 TITLE	D
NAME	HANNAH, MICHAEL	3.2 NAME	KACHIKIS, MARY KAY
STREET ADDRESS	5626 MINARET CT	3.3 STREET ADDRESS	10120 MURKET LN.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	S	4.1 TITLE	D
NAME	HUBBARD, CAROL	4.2 NAME	HUBBARD, CAROL
STREET ADDRESS	5615 WILDFLOWER RD	4.3 STREET ADDRESS	5615 WILDFLOWER RD
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL 32821
TITLE	D	5.1 TITLE	P
NAME	SHORIAK, TOM	5.2 NAME	SHORIAK, TOM
STREET ADDRESS	10415 MANASSAS CIR	5.3 STREET ADDRESS	10415 MANASSAS CIRCLE
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32821
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

AND DIRECTORS IN 12
 Change Addition

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14. 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 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]* **4/16/98**

CR2E037 (10/97)