

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90250 007 ****61.25

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02022004 Chg-NP CR2E037 (10/03)

DOCUMENT # N02571					
1. Entity Name MONTPELIER VILLAGE CLUB, INC.					
Principal Place of Business 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714			Mailing Address 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2481433	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRESIDENTIAL GROUP SOUTH, INC 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, JERALD	NAME			
STREET ADDRESS	10504 MONTPELIER CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DORIS, GINDIN	NAME			
STREET ADDRESS	10302 MATHLOCK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURAWSKI, FRANCES	NAME			
STREET ADDRESS	5620 MINARET COURT	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARLOS, UBANAS	NAME			
STREET ADDRESS	5632 KINMART COURT	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LITTLELL, MYRON	NAME			
STREET ADDRESS	10515 MANASSAS CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPUA, ANTHONY	NAME			
STREET ADDRESS	10136 MATCHLOCK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32821	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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 I had signed 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: <i>[Signature]</i>			Date: 4/27/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

PLEASE SIGN & DATE

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