


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 029 ****61.25

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**

14000722



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2481433

Applied For
 Not Applicable

Zip

Country

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

Zip

Country

6. Name and Address of Current Registered Agent
**PRESIDENTIAL GROUP SOUTH, INC
 135 W PINEVIEW STREET
 ALTAMONTE SPRINGS, FL 32714**

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 _____ DATE _____

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME HARRIS, JERALD	
STREET ADDRESS 10504 MONTPELIER CIRCLE	
CITY-ST-ZIP ORLANDO, FL 32821	
TITLE SD	<input type="checkbox"/> Delete
NAME DORIS, GINDIN	
STREET ADDRESS 10302 MATHLOCK DRIVE	
CITY-ST-ZIP ORLANDO, FL 32821	
TITLE D	<input type="checkbox"/> Delete
NAME MURAWSKI, FRANCES	
STREET ADDRESS 5620 MINARET COURT	
CITY-ST-ZIP ORLANDO, FL 32821	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME LITTELL, MYRON	
STREET ADDRESS 10515 MANASSAS CIRCLE	
CITY-ST-ZIP ORLANDO, FL 32821	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME CAPUA, ANTHONY	
STREET ADDRESS 10136 MATCHLOCK DRIVE	
CITY-ST-ZIP ORLANDO, FL 32821	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jerry Pastore	
STREET ADDRESS 10170 MATCHLOCK DR	
CITY-ST-ZIP ORLANDO, FL 32821	
TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Richard E. Kiltz	
STREET ADDRESS 10515 Montpelier Circle	
CITY-ST-ZIP Orlando, FL 32821	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAM NELSON	
STREET ADDRESS 5544 MEMORIAL DR.	
CITY-ST-ZIP ORLANDO, FL 32821	
TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SUSAN SIEGEL	
STREET ADDRESS 5314 MAGNA CARTA ST.	
CITY-ST-ZIP ORLANDO, FL 32821	
TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LITTELL, MYRON	
STREET ADDRESS 10515 MANASSAS CR.	
CITY-ST-ZIP ORLANDO, FL 32821	

12. 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 report or supplemental 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 10 or Block 11 if changed, or in an attachment with an address with all other like empowered.

SIGNATURE: Richard E. Kiltz **Treasurer** **4-22-05** **407 701 9142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #