


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90071 009 ****61.25

DOCUMENT #N02571

1. Entity Name
MONTPELIER VILLAGE CLUB, INC.



4005244J



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

04102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2481433	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASTORE, JERRY 10170 MATCHLOCK DR ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORIS, GINDIN 10302 MATHLOCK DRIVE ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURAWSKI, FRANCES 5620 MINARET COURT ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KILTZ, RICHARD C 10461 MONTOELSOR CIRCLE ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10461 Montpelier Circle
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, WILLIAM 5544 MEMORIAL DR ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P, D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEGEL, SUSAN 5314 MAGNA CARTA ST ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard E. Kiltz Richard E. Kiltz 4-10-06 407 352-0388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #