

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02571

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: MONTPELIER VILLAGE CLUB, INC.

**Current Principal Place of Business:**

135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-2481433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRESIDENTIAL GROUP SOUTH, INC  
135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: MURAWSKI, FRANCES  
Address: 5620 MINARET COURT  
City-St-Zip: ORLANDO, FL 32821

Title: PD ( ) Delete  
Name: NELSON, WILLIAM  
Address: 5544 MEMORIAL DR  
City-St-Zip: ORLANDO, FL 32821

Title: VD ( ) Delete  
Name: SIEGEL, SUSAN  
Address: 5314 MAGNA CARTA ST  
City-St-Zip: ORLANDO, FL 32821

Title: TD (X) Delete  
Name: KLOSKY, FLORENCE  
Address: 5507 MEMORIAL DR  
City-St-Zip: ORLANDO, FL 32821

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SDTD (X) Change ( ) Addition  
Name: MURAWSKI, FRANCES  
Address: 5620 MINARET COURT  
City-St-Zip: ORLANDO, FL 32821

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM NELSON

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02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date