

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50566 (1)
1. Corporation Name
MONTROSE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P. O. BOX 2217 PACE FL 32571 US
P. O. BOX 2217 PACE FL 32571 US

3. Date Incorporated or Qualified **08/25/1992** 3a. Date of Last Report **07/06/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

4. FEI Number **59-3170571** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GILES, ROXANNE E.
3413 EDINBURGH DRIVE
PACE FL 32571**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTCHENS, CHARLES E	1.2 NAME	Gail Hubble
STREET ADDRESS	3412 EDINBURGH DR.	1.3 STREET ADDRESS	3425 Edinburgh Drive
CITY-ST-ZIP	PACE FL	1.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBLE, HARV	2.2 NAME	Steve Brown
STREET ADDRESS	3425 EDINBURGH DR	2.3 STREET ADDRESS	3509 Edinburgh Drive
CITY-ST-ZIP	PACE FL	2.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, ROXANNE E	3.2 NAME	
STREET ADDRESS	3413 EDINBURGH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTSCHALK, HELAINE	4.2 NAME	Diane Houser
STREET ADDRESS	4490 LAMARGE	4.3 STREET ADDRESS	5628 Twin Creek Circle
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Roxanne E. Giles 4/17/96 904-474-6409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)