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Jul 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32571-0417
US



3. Date Incorporated or Qualified
08/25/1992

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

GILES, ROXANNE E.
3413 EDINBURGH DRIVE
PACE FL 32571

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME HUBBLE, GAIL
STREET ADDRESS 3425 EDINBURGH DRIVE
CITY-ST-ZIP PACE FL 32571

1.1 TITLE DV ☒ Change ☐ Addition
1.2 NAME Joslin, Frank
1.3 STREET ADDRESS 3472 Edinburgh Dr.
1.4 CITY-ST-ZIP Pace, FL 32571

TITLE DP ☐ DELETE
NAME STEVE BROWN
STREET ADDRESS 3509 EDINBURGH DR.
CITY-ST-ZIP PACE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME GILES, ROXANNE E
STREET ADDRESS 3413 EDINBURGH DR
CITY-ST-ZIP PACE FL

3.1 TITLE DT ☒ Change ☐ Addition
3.2 NAME Cutchens, Charles
3.3 STREET ADDRESS 3412Edinburgh Dr.
3.4 CITY-ST-ZIP Pace, FL 32571

TITLE DS ☐ DELETE
NAME HOUSER, DIANE
STREET ADDRESS 5628 TWIN CREEK CIRCLE
CITY-ST-ZIP PACE FL 32571

4.1 TITLE DS ☒ Change ☐ Addition
4.2 NAME Gottschalk, Helaine
4.3 STREET ADDRESS 3483 Edinburgh Dr.
4.4 CITY-ST-ZIP Pace, FL 32571

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)