

7-30-97 B-8066 C
FILE NOW: FILING FEE IS \$61.25

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



Principal Place of Business P. O. BOX 2217 PACE FL 32571 US	Mailing Address P. O. BOX 2217 PACE FL 32571-0417 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/25/1992	3a. Date of Last Report 04/26/1996
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.	4. FEI Number 59-3170571	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

TITLE	DV <input type="checkbox"/> DELETE
NAME	HUBBLE, GAIL
STREET ADDRESS	3425 EDINBURGH DRIVE
CITY-ST-ZIP	PACE FL 32571
TITLE	DP <input type="checkbox"/> DELETE
NAME	STEVE BROWN
STREET ADDRESS	3509 EDINBURGH DR.
CITY-ST-ZIP	PACE FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	GILES, ROXANNE E
STREET ADDRESS	3413 EDINBURGH DR
CITY-ST-ZIP	PACE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	HOUSER, DIANE
STREET ADDRESS	5626 TWIN CREEK CIRCLE
CITY-ST-ZIP	PACE FL 32571
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joslin, Frank
1.3 STREET ADDRESS	3472 Edinburgh Dr.
1.4 CITY-ST-ZIP	Pace, FL 32571
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cutchens, Charles
3.3 STREET ADDRESS	3412 Edinburgh Dr.
3.4 CITY-ST-ZIP	Pace, FL 32571
4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gottschalk, Helaine
4.3 STREET ADDRESS	3483 Edinburgh Dr.
4.4 CITY-ST-ZIP	Pace, FL 32571
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE OF REGISTERED AGENT

CR2E037 (9/96)