


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

P. O. BOX 2217
PACE FL 32571
US

P. O. BOX 2217
PACE FL 32571
US



3. Date Incorporated or Qualified

06/25/1992

4. FEI Number

59-3170571

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 617.1506, 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	
TITLE	DV <input type="checkbox"/> DELETE
NAME	JOSLIN, FRANK
STREET ADDRESS	3472 EDINBURGH DR
CITY-ST-ZIP	PACE FL
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	CUTCHENS, CHARLES
STREET ADDRESS	3412 EDINBURGH DR
CITY-ST-ZIP	PACE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	GOTTSCHALK, HELAINE
STREET ADDRESS	3483 EDINBURGH DR
CITY-ST-ZIP	PACE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	Gottschalk, Helaine
2.4 CITY-ST-ZIP	3483 Edinburg Drive
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT
3.3 STREET ADDRESS	Overstreet, Zim
3.4 CITY-ST-ZIP	3448 Edinburg Drive
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DS
4.3 STREET ADDRESS	Houser, Diane
4.4 CITY-ST-ZIP	3533 Edinburg Drive
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 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: *Zim Overstreet* **Zim Overstreet** 5/1/98 (850) 994-4645

CR2E037 (10/97)