

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90024 009 *****61.25

0019468

DOCUMENT # N50566

1. Entity 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
 US

U0022242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3170571

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILES, ROXANNE E.
3413 EDINBURGH DRIVE
PACE FL 32571

Name *Same*

(NA)

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 FUNK, MICHAEL
 3497 EDINBURGH DRIVE
 PACE FL 32571 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 Gottschalk, Helaine
 3483 Edinburgh Dr.
 Pace, FL 32571 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 HUNT, MIKE
 EDINBURGH DRIVE
 PACE FL 32571 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 Gottschalk, Helaine
 3483 Edinburgh Dr.
 Pace, FL 32571 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 NEWKIRK, KATE
 5211 O'KANE CR.
 PACE FL 32571 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 Fall, Dr. Terry
 3500 Edinburgh Dr.
 Pace, FL 32571 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 HOUSER, DIANE
 3533 EDINBURGH DRIVE
 PACE FL 32571 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 Fall, Dr. Terry
 3500 Edinburgh Dr.
 Pace, FL 32571 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kate Newkirk* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/8/01

Date

850-994-6062

Daytime Phone #

CR2E037 (10/00)