

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50566

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: MONTROSE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 2217  
PACE, FL 32571 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2217  
PACE, FL 32571 US

**New Mailing Address:**

FEI Number: 59-3170571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PISCOPO, GERRY L  
3471 EDINBURGH DRIVE  
PACE, FL 32571 US

**Name and Address of New Registered Agent:**

ERICKSON, CONNIE J  
3509 EDINBURGH DRIVE  
PACE, FL 32571 US

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: CONNIE ERICKSON

03/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: FALL, TERRY  
Address: 3500 EDINBURGH DR  
City-St-Zip: PACE, FL 32571

Title: T ( ) Delete  
Name: PISCOPO, GERRY L  
Address: 3471 EDINBURGH DRIVE  
City-St-Zip: PACE, FL 32571

Title: PD ( ) Delete  
Name: STEFANCIK, ROBERT  
Address: 3508 EDINBURGH DRIVE  
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete  
Name: GOTTSCHALK, HELAINE  
Address: 3483 EDINBURGH DR  
City-St-Zip: PACE, FL 32571

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: JOSLIN, FRANK  
Address: 3472 EDINBURGH DR  
City-St-Zip: PACE, FL 32571

Title: T (X) Change ( ) Addition  
Name: ERICKSON, CONNIE L  
Address: 3509 EDINBURGH DRIVE  
City-St-Zip: PACE, FL 32571

Title: PD (X) Change ( ) Addition  
Name: OVERSTREET, ZIM  
Address: 3448 EDINBURGH DRIVE  
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE ERICKSON

T

03/17/2008

Electronic Signature of Signing Officer or Director

Date