

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005454

FILED  
Sep 16, 2011  
Secretary of State

**Entity Name:** MONTESSORI PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

1230 BANANA RIVER DRIVE  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 372465  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 59-3469914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PERSON, CPA, PA, DOUGLASS A  
1413 SOUTH PATRICK DRIVE  
SUITE 7  
INDIAN HARBOUR BEACH, FL 32937 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEWIS, MARSHA  
Address: 3319 POSEIDON WAY  
City-St-Zip: INDIALANTIC, FL 32903

Title: S  
Name: GRENEVICKI, AMY  
Address: 2306 RIVERSIDE DR  
City-St-Zip: INDIALANTIC, FL 32903

Title: S  
Name: BRUNER, SANDRA  
Address: 624 DESOTO LANE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: MARSHA LEWIS MEYERS

PRES

09/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date