

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724554

Entity Name: MONTEGO MANOR, INC.**Current Principal Place of Business:**C/O MYTOWN COMMUNITIES
2830 WINKLER AVE #101
FT MYERS, FL 33916**Current Mailing Address:**C/O MYTOWN COMMUNITIES
2830 WINKLER AVE #101
FT MYERS, FL 33916 US**FEI Number:** 59-1468064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNOX LEVINE, P.A.
36354 U.S. HWY 19 N.
PALM HARBOUR, FL 34684 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:** BRYAN B. LEVINE, ESQ.

09/15/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	JOHNSON, ROBERT
Address	C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101
City-State-Zip:	FT MYERS FL 33916

Title	PRESIDENT
Name	KALIEBE, ROBERT
Address	C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101
City-State-Zip:	FT MYERS FL 33916

Title	VP
Name	DOWNER, JORY
Address	C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101
City-State-Zip:	FT MYERS FL 33916

Title	SECRETARY
Name	SMITH, JOHN
Address	C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101
City-State-Zip:	FT MYERS FL 33916

Title	DIRECTOR
Name	KURLAND, THOMAS
Address	C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101
City-State-Zip:	FT MYERS FL 33916

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: ROBERT KALIEBE

PRESIDENT

09/15/2023

Electronic Signature of Signing Officer/Director Detail

Date