# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02571

Entity Name: MONTPELIER VILLAGE CLUB, INC.

#### **Current Principal Place of Business:**

761 CIARA CREEK COVE LONGWOOD, FL 32750

#### **Current Mailing Address:**

761 CIARA CREEK COVE LONGWOOD, FL 32750 US

### FEI Number: 59-2481433

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

BONO AND ASSOCIATES 761 CIARA CREEK COVE LONGWOOD, FL 32750 US Certificate of Status Desired: No

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       | E MICHAEL L BONO                         |                 |                      | 04/22/2018 |
|-----------------|--|-----------------|----------------------|------------|
|                 | Electronic Signature of Registered Agent |                 |                      | Date       |
| Officer/Dire    | ctor Detail :                            |                 |                      |            |
| Title           | DIRECTOR                                 | Title           | DIRECTOR             |            |
| Name            | BASS, ROBERT                             | Name            | HUBBARD, CAROL       |            |
| Address         | 761 CIARA CREEK COVE                     | Address         | 761 CIARA CREEK COVE |            |
| City-State-Zip: | LONGWOOD FL 32750                        | City-State-Zip: | LONGWOOD FL 32750    |            |
| Title           | 2ND VP                                   | Title           | PRESIDENT            |            |
| Name            | EAVES, SHEA                              | Name            | GILVIN, DEAN         |            |
| Address         | 761 CIARA CREEK COVE                     | Address         | 761 CIARA CREEK COVE |            |
| City-State-Zip: | LONGWOOD FL 32750                        | City-State-Zip: | LONGWOOD FL 32750    |            |
| Title           | TREASURER                                | Title           | SECRETARY            |            |
| Name            | NEEDLEMAN, BARBARA                       | Name            | RANTS, STEFANEY      |            |
| Address         | 761 CIARA CREEK COVE                     | Address         | 761 CIARA CREEK COVE |            |
| City-State-Zip: | LONGWOOD FL 32750                        | City-State-Zip: | LONGWOOD FL 32750    |            |
| Title           | FIRST VICE PRESIDENT                     |                 |                      |            |
| Name            | GOLDMAN, THEDA                           |                 |                      |            |
| Address         | 761 CIARA CREEK COVE                     |                 |                      |            |
| City-State-Zip: | LONGWOOD FL 32750                        |                 |                      |            |

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: DEAN GILVIN

PRESIDENT

04/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Apr 22, 2018 Secretary of State CC9962973890

City-State-Zip: LONGWOOD FL 32750