

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N02571

**Entity Name:** MONTPELIER VILLAGE CLUB, INC.

**Current Principal Place of Business:**

135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-2481433

**Certificate of Status Desired:** No

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

PRESIDENTIAL GROUP SOUTH, LLC  
135 W PINEVIEW STREET  
ALTAMONTE SPRINGS, FL 32714 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:** FRANCIS MURAWSKI

04/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TROISI, DON  
Address        135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            FIRST VICE PRESIDENT  
Name            HUBBARD, CAROL  
Address        135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            SECOND VICE PRESIDENT  
Name            MURAWSKI, FRAN  
Address        135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            SECRETARY  
Name            FRITZLER, GALE  
Address        135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            TREASURER  
Name            GILVIN, DEAN  
Address        135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            NEEDLEMAN, LEONE  
Address        135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            ALMERARIS, PHIL  
Address        135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            GOLDMAN, THEDA  
Address        135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** DON TROISI

PRESIDENT

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date