

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02571

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC7823555758**

**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

03/22/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name MURAWSKI, FRANCES  
Address 135 W PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title VD  
Name SIEGEL, SUSAN  
Address 135 W. PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TD  
Name LITWACK, DAVE  
Address 135 W. PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name KNOWLES, JACQUELINE  
Address 135 W. PINEVIEW STREET  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name GOLDMAN, LEON  
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:** FRANCES MURAWSKI

**SECRETARY**

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date