## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33556

Entity Name: MONTCLAIR AT AUDUBON CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 30, 2019
Secretary of State
0863969924CC

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

C/O MELDON CONSULTANTS 4949 TAMIAMI TRAIL N. SUITE 201 NAPLES, FL 34103

## **Current Mailing Address:**

C/O MELDON CONSULTANTS 4949 TAMIAMI TRAIL N. #201 NAPLES, FL 34103 US

FEI Number: 65-0140748 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MOORE, WILLIAM S 4949 TAMIAMI TRAIL N. SUITE 201 NAPLES, FL 34103 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DT Title DS

NameARROWSMITH, THOMASNameGURSAHANEY, ARJANAddress583 AUDUBON BLVD #C-301Address599 AUDUBON BLVD #A-102

City-State-Zip: NAPLES FL 34110 City-State-Zip: NAPLES FL 34110

Title DVP Title DP

Name FERRIER, CHRISTIE Name VECCHIONE, MICHAEL

Address 591 AUDUBON BLVD #B-201 Address 551 AUDUBON BOULEVARD

City-State-Zip: NAPLES FL 34110

City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name BROWN, DAVID

Address 559 AUDUBON BOULEVARD

E-202

City-State-Zip: NAPLES FL 34110

Electronic Signature of Signing Officer/Director Detail

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.