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: ALINE CUTCHENS	TREASURER	06/22/2020		

SIGNATURE: ALINE CUTCHENS

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:	ALINE CUTCHENS			06/22/2020
	Electronic Signature of Registered Agent			Date
Officer/Direct				
		<b>T</b> :4	PRECIRENT	

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.

Officer/Director Detail	:

Title	TREA	Title	PRESIDENT		
Name	CUTCHENS, ALINE	Name	ETHEREDGE, WAYNE		
Address	3412 EDINBURGH DR	Address	3425 EDINBURGH DR		
City-State-Zip:	PACE FL 32571	City-State-Zip:	PACE FL 32571		
Title	VP				
Name	PISCOPO, GERRY				
Address	3471 EDINBURGH DR				
City-State-Zip:	PACE FL 32571				

# FEI Number: 59-3170571

### Name and Address of Current Registered Agent:

3412 EDINBURGH DR PACE, FL 32571 US

**Current Mailing Address:** 

CUTCHENS, ALINE 3412 EDINBURGH DR PACE, FL 32571 US

3412 EDINBURGH DR PACE, FL 32571

### 2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N50566

Entity Name: MONTROSE OWNERS ASSOCIATION, INC.

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

FILED Jun 22, 2020 Secretary of State 1698296842CR

Certificate of Status Desired: No

Date