

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005454

**Entity Name:** MONTESSORI PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

1230 BANANA RIVER DRIVE  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

1230 BANANA RIVER DR  
INDIAN HARBOUR BEACH, FL 32937

**FEI Number: 59-3469914**

**Certificate of Status Desired: No**

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

FLAVIN, NOONEY & PERSON  
1413 SOUTH PATRICK DRIVE  
SUITE 7  
INDIAN HARBOUR BEACH, FL 32937 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            PRESIDENT  
Name            WRIGHT, LOU  
Address        477 RED SAIL WAY  
City-State-Zip: SATELLITE BEACH FL 32937

Title            TREASURER  
Name            LATTEMANN, ANJA  
Address        3649 POSEIDON WAY  
City-State-Zip: INDIALANTIC FL 32903

Title            SECRETARY  
Name            HENNINGS, JAZZIE  
Address        25 DELAWARE STREET  
                  UNIT B  
City-State-Zip: SATELLITE BEACH FL 32937

*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: ANJA LATTEMANN**

**TREASURER**

**03/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date