

**2013 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: Yes**

**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	P
Name	MEYERS, MARSHA
Address	639 INDIAN RIVER DRIVE
City-State-Zip:	MELBOURNE FL 32935
Title	SECRETARY
Name	ALLEY, ALYSON
Address	2430 CRYSTAL OAKS LANE
City-State-Zip:	W MELBOURNE FL 32904
Title	TREASURER
Name	FIRTH, MIRANDA
Address	3142 SCALLOP LANE
City-State-Zip:	INDIALANTIC FL 32903

Title	VP
Name	WALLS, KIRA Z
Address	2095 HIGHWAY A1A #4201
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937
Title	TREASURER
Name	CURRY, RACHEL K
Address	493 RIO CASA DR N
City-State-Zip:	INDIALANTIC FL 32903

*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: RACHEL K CURRY**

**TREASURER**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date