

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005454

FILED
Feb 23, 2015
Secretary of State
CC6073216001

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 ALLEY, ALYSON
Address 2430 CRYSTAL OAKS LANE
City-State-Zip: W MELBOURNE FL 32904

Title TREASURER
Name LATTEMANN, ANJA
Address 370 GLENWOOD AVENUE
City-State-Zip: SATELLITE BEACH FL 32937

Title VP
Name GRENEVICKI, AMY
Address 2306 N RIVERSIDE DR
City-State-Zip: INDIALANTIC FL 32903

Title VP
Name MARKULIN, SHAINA
Address 2645 S ATLANTIC AVE
City-State-Zip: COCOA BEACH FL 32931

Title SECRETARY
Name HENDERSON, RACHAEL
Address 3475 SOFT BREEZE CIR
City-State-Zip: MELBOURNE FL 32904

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

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date