

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724554

FILED
Apr 15, 2009
Secretary of State

Entity Name: MONTEGO MANOR, INC.

Current Principal Place of Business:

215 CYPRESS WAY E.
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

COASTAL PROPERTY MANAGEMENT
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-1468064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL PROPERTY MANAGEMENT OF SW FLORIDA
501 GOODLETTE RD N STE C-200
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, RON
Address: 215 CYPRESS WAY E #A1
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: ORLEA, RICHARD
Address: 215 CYPRESS WAY EAST # B5
City-St-Zip: NAPLES, FL 34110

Title: V () Delete
Name: WARD, CHARLES
Address: 215 CYPRESS WAY E D1
City-St-Zip: NAPLES, FL 34110

Title: V (X) Delete
Name: HALL, DAVID
Address: 215 CYPRESS WAY E #B2
City-St-Zip: NAPLES, FL 34110

Title: S (X) Delete
Name: CARRAWAY, JOANN
Address: 215 CYPRESS WAY E A2
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, RON
Address: 215 CYPRESS WAY E #A1
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WARD, CHARLES
Address: 215 CYPRESS WAY E D1
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN S GREEN

MGR

04/15/2009

Electronic Signature of Signing Officer or Director

Date