2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#743902

FILED Jun 10, 2009 Secretary of State

Entity Name: MONTMARTRE CONDOMINIUM ASSOCIATION, INC

Current F	Principal Place of Business:	New Principal Place of Business:
3500 GUL BELLEAIF	F BLVD. R BEACH, FL 33786 US	3500 GULF BLVD. OFFICE BELLEAIR BEACH, FL 33786 US
Current Mailing Address:		New Mailing Address:
300 S DU	IARD C COMMONS P.A. NCAN AVE STE 220B ATER, FL 33755 US	3500 GULF BLVD UNIT 402 CLEARWATER, FL 33786 US
n accordar	r: 59-1932299 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation di d Address of Current Registered Agent	id not receive the prior notice.
BELLEAIF	F BLVD., #402 R BEACH, FL 33786 US e named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER Fitle: Name: Address:	Electronic Signature of Registered	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electronic Signature of Registered S AND DIRECTORS: P () Delete DE GENOVA, JOSEPH 3500 GULF BLVD., #402	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
OFFICER Fitle: Name: Address: City-St-Zip: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	Electronic Signature of Registered S AND DIRECTORS: P () Delete DE GENOVA, JOSEPH 3500 GULF BLVD., #402 BELLEAIR BEACH, FL 33786 S () Delete RADNOT, LINDA 3500 GULF BLVD. #214	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
	Electronic Signature of Registered S AND DIRECTORS: P () Delete DE GENOVA, JOSEPH 3500 GULF BLVD., #402 BELLEAIR BEACH, FL 33786 S () Delete RADNOT, LINDA 3500 GULF BLVD. #214 BELLEAIR BEACH, FL 33786 ST () Delete WOODS, PATRICIA 3500 GULF BLVD, #210	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: 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: JOSEPH DEGENOVA PRES 06/10/2009