

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754212

FILED
Feb 05, 2009
Secretary of State

Entity Name: MONTGOMERY SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE RD.434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

232 WILSHIRE BLVD
CASSSELBERRY, FL 32707

Current Mailing Address:

2180 WEST STATE RD.434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

232 WILSHIRE BLVD
CASSSELBERRY, FL 32707

FEI Number: 59-2026142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARBER, FRANK P
232 WILSHIRE BLVD
CASSELBERRY, FL 32707 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: FRANK PAUL BARBER

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEEVAN, WILLIAM
Address: 523 EATON DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: HENDERSON, KAREN
Address: 526 DERBY DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete
Name: SACKETT, JUDITH
Address: 421 MONTGOMERY ROAD #175
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: CELEBRE, MARIA
Address: 100 SPRING LAKE LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete
Name: METCALF, BARRY
Address: 1834 BISCAYNE DR
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KEEVAN, WILLIAM
Address: 523 EATON DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: PRES (X) Change () Addition
Name: SACKETT, JUDITH
Address: 421 MONTGOMERY ROAD #175
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S/T (X) Change () Addition
Name: METCALF, BARRY
Address: 1834 BISCAYNE DR
City-St-Zip: ORLANDO, FL 32804

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: FRANK PAUL BARBER

R/A

02/05/2009

Electronic Signature of Signing Officer or Director

Date