

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 09, 2011
Secretary of State

DOCUMENT# 754212

Entity Name: MONTGOMERY SQUARE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**232 WILSHIRE BLVD
CASSSELBERRY, FL 32707**New Principal Place of Business:**407 LAKE HOWELL ROAD
SUITE 106
MAITLAND, FL 32751**Current Mailing Address:**232 WILSHIRE BLVD
CASSSELBERRY, FL 32707**New Mailing Address:**407 LAKE HOWELL ROAD
SUITE 106
MAITLAND, FL 32751**FEI Number:** 59-2026142**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARBER, FRANK P
232 WILSHIRE BLVD
CASSELBERRY, FL 32707 US**Name and Address of New Registered Agent:**TOWERS PROPERTY MANAGEMENT, INC.
407 LAKE HOWELL ROAD
SUITE 106
MAITLAND, FL 32751 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: BENJAMIN ISIP

07/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: KEEVAN, WILLIAM
Address: 523 EATON DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: SEC
Name: HOENIGMAN, SANDRA
Address: 527 MANSFIELD DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: WILLIAM KEEVAN

PRES

07/09/2011

Electronic Signature of Signing Officer or Director

Date