

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90109 030 \*\*\*\*61.25

<b>DOCUMENT # 758781</b> 1. Entity Name <b>MONTGOMERY CLUB CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>% HARA MANAGEMENT, INC.</b> <del>118 N. WAYMORE ROAD</del> <del>WINTER PARK, FL 32789</del>		Mailing Address <b>% HARA MANAGEMENT, INC.</b> <del>118 N. WAYMORE ROAD</del> <del>WINTER PARK, FL 32789</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. # <b>931 S. SEMORAN BLVD #214</b>		Suite, Apt. #, etc. # <b>931 S. SEMORAN BLVD #214</b>	
City & State <b>WINTER PARK, FL</b>		City & State <b>WINTER PARK, FL</b>	
Zip <b>32792</b>		Zip <b>32792</b>	
Country		Country	
4. FEI Number <b>59-2257357</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARA, ROBERT</b> <b>% HARA MANAGEMENT, INC.</b> <del>118 N. WAYMORE ROAD</del> <del>WINTER PARK, FL 32789</del>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>931 S. SEMORAN BLVD #214</b> City <b>WINTER PARK</b> <b>FL</b> Zip Code <b>32792</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>	
TITLE <b>PD</b>	NAME <b>WALTERS, RANDALL</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>129 OLIVE TREE CIR.</b>	<b>ALTAMONTE SPRINGS, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete		
TITLE <b>VD</b>	NAME <b>QUEEN, RANDALL</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>138 OLIVE TREE CIRCLE</b>	<b>ALTAMONTE SPRINGS, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete		
TITLE <b>SD</b>	NAME <b>QUEEN, BARBARA</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>138 OLIVE TREE CIR.</b>	<b>ALTAMONTE SPRINGS, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete		
TITLE <b>TD</b>	NAME <b>MCWILLIAMS, JOE</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>142 OLIVE TREE CIR</b>	<b>ALTAMONTE SPRINGS, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete		
TITLE <b>D</b>	NAME <b>CALDES, HENRY R</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>178 OLIVE TREE CIR</b>	<b>ALTAMONTE SPRINGS, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete		
TITLE <b>D</b>	NAME <b>MCWILLIAMS, JOE</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>142 OLIVE TREE CIR</b>	<b>ALTAMONTE SPRINGS, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE <b>VPTD</b>	NAME <b>McWilliams, JOE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>142 OLIVE TREE CIRCLE</b>	<b>ALTAMONTE Spgs, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE Spgs, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>T/D</b>	NAME <b>Mooney, Jessica</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>134 OLIVE TREE CIRCLE</b>	<b>ALTAMONTE Spgs, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE Spgs, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>D</b>	NAME <b>Queen, Randy</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>138 OLIVE TREE CIRCLE</b>	<b>ALTAMONTE Spgs, FL 32714</b>		
CITY-ST-ZIP <b>ALTAMONTE Spgs, FL 32714</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>Randall Walters</u> <u>4/6/08</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			