

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760448

FILED
Apr 15, 2009
Secretary of State

Entity Name: MONTGOMERY WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O KL MGMT GROUP, INC.
1360 N. GOLDENROD RD., #12
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

C/O KL MGMT GROUP, INC.
1360 N. GOLDENROD RD., #12
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 27-0077179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIEBZAK, KEITH R
KL MANAGEMENT GROUP, INC.
1360 N. GOLDEN RD., STE. 12
ORLANDO, FL 32807 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: FABBRICATORE, ROBERT
Address: 1360 N GOLDENRD RD 12
City-St-Zip: ALTAMONTE SPRINGS, FL 32807

Title: TD () Delete
Name: MORALES, IDELIA
Address: 1360 N GOLDENROD RD 12
City-St-Zip: ALTAMONTE SPRINGS, FL 32807

Title: SD () Delete
Name: BROWN, LAURA
Address: 1360 N GOLDENROD RD 12
City-St-Zip: ALTAMONTE SPRINGS, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FABBRICATORE, ROBERT
Address: 1360 N GOLDENRD RD 12
City-St-Zip: ORLANDO, FL 32807

Title: SD (X) Change () Addition
Name: PALMER, NORMA
Address: 1360 N GOLDENROD RD 12
City-St-Zip: ORLANDO, FL 32807

Title: TD (X) Change () Addition
Name: BROWN, LAURA
Address: 1360 N GOLDENROD RD 12
City-St-Zip: ORLANDO, FL 32807

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: KEITH R. KIEBZAK

RA

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date