

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760448

FILED  
Mar 27, 2012  
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  
Name: FABBRICATORE, ROBERT  
Address: 1360 N GOLDENRD RD 12  
City-St-Zip: ORLANDO, FL 32807

Title: D  
Name: PALMER, NORMA  
Address: 1360 N GOLDENROD RD 12  
City-St-Zip: ORLANDO, FL 32807

Title: VD  
Name: BROWN, LAURA  
Address: 1360 N GOLDENROD RD 12  
City-St-Zip: ORLANDO, FL 32807

Title: STD  
Name: JOHNSTON, THOMAS  
Address: 1360 N GOLDENROD RD 12  
City-St-Zip: ORLANDO, FL 32807

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: ROBERT FABBRICATORE

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03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date