

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 27, 2009
Secretary of State**

DOCUMENT# N02571

Entity Name: MONTPELIER VILLAGE CLUB, INC.

Current Principal Place of Business:

135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2481433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESIDENTIAL GROUP SOUTH, INC
135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 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: SD () Delete
Name: MURAWSKI, FRANCES
Address: 5620 MINARET COURT
City-St-Zip: ORLANDO, FL 32821

Title: PD () Delete
Name: NELSON, WILLIAM
Address: 5544 MEMORIAL DR
City-St-Zip: ORLANDO, FL 32821

Title: VD () Delete
Name: SIEGEL, SUSAN
Address: 5314 MAGNA CARTA ST
City-St-Zip: ORLANDO, FL 32821

Title: TD (X) Delete
Name: KLOSKY, FLORENCE
Address: 5507 MEMORIAL DR
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDTD (X) Change () Addition
Name: MURAWSKI, FRANCES
Address: 5620 MINARET COURT
City-St-Zip: ORLANDO, FL 32821

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

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

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: WILLIAM NELSON

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02/27/2009

Electronic Signature of Signing Officer or Director

Date