

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002785

FILED
Jul 07, 2008
Secretary of State

Entity Name: MONTEREY PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3921 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309

New Principal Place of Business:

3919 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309

Current Mailing Address:

3921 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309

New Mailing Address:

3919 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309

FEI Number: 04-3758225 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARBISON, YVETTE M
3921 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

CHRISTIAN, AMY
3919 MONTEREY PINES TRAIL
TALLAHASSEE, FL 32309 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: AMY CHRISTIAN

07/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARBISON, YVETTE M
Address: 3921 MONTEREY PINES TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: CHRISTIAN, AMY
Address: 3919 MONTEREY PINES TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete
Name: VOGT, TONIE
Address: 3923 MONTEREY PINES TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTIAN, AMY
Address: 3919 MONTEREY PINES TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: VOGT, TONIE
Address: 3923 MONTEREY PINES TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

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: AMY CHRISTIAN

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date