

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001033

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: MONTREUX COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

8136 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

1500 GATEWAY BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33426

## Current Mailing Address:

8136 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33411

## New Mailing Address:

1500 GATEWAY BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33426

FEI Number: 20-2414045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.  
1900 NORTH COMMERCE PKWY  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

VICTORY ACCOUNTING SERVICE, INC.  
1500 GATEWAY BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33426 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: VICKI FIECHT

03/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MORGAN, JOHN  
Address: 4544 CALOOSA PINES RD.  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP (X) Delete  
Name: GREEN, SIDNEY  
Address: 12921 PANNELL PINES RD.  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T ( ) Delete  
Name: ADKINS, STONEY  
Address: 12881 PENNELL PINES RD.  
City-St-Zip: BOYNTON BEACH, FL 33436

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPT (X) Change ( ) Addition  
Name: ADKINS, STONEY  
Address: 12881 PENNELL PINES RD.  
City-St-Zip: BOYNTON BEACH, FL 33436

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: SCOTT STRALEAU

MGR

03/10/2009

Electronic Signature of Signing Officer or Director

Date