


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90044 007 \*\*\*\*61.25

**DOCUMENT # N05000010250**

1. Entity Name  
**MONTCLAIR COVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 2708 ALT 19 N SUITE 507-6 PALM HARBOR, FL 34683	Mailing Address PO BOX 1261 DUNEDIN, FL 34697
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**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4251919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BEAU, PHILIPPE  
 2708 ALT 19 N SUITE 507-6  
 PALM HARBOR, FL 34683

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BEAU, ANDRE 2708 ALT 19 N SUITE 507-6 PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEAU, PHILIPPE 2708 ALT 19 N SUITE 507-6 PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEAU, JEREMY 1826 MONTCLAIR RD. UNIT #1 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **03/04/08 (727) 409-3465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #