

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90030 007 \*\*\*\*50.00  
03-16-2007 90027 013 \*\*\*\*11.25

<b>DOCUMENT # N06000000046</b> 1. Entity Name <b>MONARCH LANDING PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>11624 DAVIS CREEK E. JACKSONVILLE, FL 32256</b>			Mailing Address <b>11624 DAVIS CREEK E. JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>51-0587047</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GREEK, DAVID M 11624 DAVIS CREEK E. JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>P</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GREEK, DAVID M</b>		NAME		
STREET ADDRESS	<b>11624 DAVIS CREEK E.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32256</b>		CITY - ST - ZIP		
TITLE	<b>VP</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KICKLIGHTER, STEVEN D</b>		NAME		
STREET ADDRESS	<b>11624 DAVIS CREEK E.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32256</b>		CITY - ST - ZIP		
TITLE	<b>ST</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STOKES, DONNA T</b>		NAME		
STREET ADDRESS	<b>11624 DAVIS CREEK E.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32256</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <u>David M. Greek</u> <b>David M. Greek</b> 2-20-07 904 268 5340 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					