2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000046

1. Entity Name
MONARCH LANDING PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11624 DAVIS CREEK E. JACKSONVILLE, FL 32256	11624 DAVIS CREEK E. JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0587047

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEK, DAVID M
11624 DAVIS CREEK E.
JACKSONVILLE, FL 32256

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	GREEK, DAVID M
STREET ADDRESS	11624 DAVIS CREEK E.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VP
NAME	KICKLIGHTER, STEVEN D
STREET ADDRESS	11624 DAVIS CREEK E.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	ST
NAME	STOKES, DONNA T
STREET ADDRESS	11624 DAVIS CREEK E.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/08-80042-023 51.25

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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: David M Greek 4-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #