2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000009609

Entity Name: MONTEGO PLACE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

506 N. ALEXANDER ST.
PLANT CITY, FL 33563

New Principal Place of Business:

4206 JAMES L REDMAN PARKWAY
PLANT CITY, FL 33567

Current Mailing Address:

506 N. ALEXANDER ST.
PLANT CITY, FL 33563

New Mailing Address:

4206 JAMES L REDMAN PARKWAY
PLANT CITY, FL 33567

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOWAY, DAVID H
506 N. ALEXANDER ST.
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SHAKES, LEAFORD
Address: 1917 COLSON RD.
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete
Name: GALLOWAY, DAVID H
Address: 506 N. ALEXANDER ST.
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: SHAKES, YVONNE
Address: 5738 HORTON RD.
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SHAKES, LEAFORD
Address: 4206 JAMES L REDMAN PARKWAY
City-St-Zip: PLANT CITY, FL 33567

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

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: LEAFORD SHAKES PDT 04/30/2009

Electronic Signature of Signing Officer or Director Date