

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90059 016 \*\*\*\*61.25

**DOCUMENT # N17147**



1. Entity Name  
**MONARCH COUNTRY CLUB HOMEOWNERS  
ASSOCIATION, INC.**

Principal Place of Business  
**2601 SW MONARCH CLUB DRIVE  
PALM CITY, FL 34990 US**

Mailing Address  
**POST OFFICE BOX 1156  
PALM CITY, FL 34991 US**

40020411



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2794647**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L  
401 EAST OSCEOLA STREET  
STUART, FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	SEMPIER, BOB	
STREET ADDRESS	1839 SW WILLOWBEND LN.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEBOLD, HELEN	
STREET ADDRESS	2326 SW WHITEMARSH WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CELIA, JOE	
STREET ADDRESS	1872 SW LIMARRON CT.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLOVER, RICHMOND	
STREET ADDRESS	2258 SW BRADFORD	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ORNELLAS, JOHN	
STREET ADDRESS	1819 SW FOX POINT TR.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AYRES, RICHARD	
STREET ADDRESS	1588 S.W. MONARCH CLUB DR.	
CITY-ST-ZIP	PALM CITY, FL 34990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Teisch	
STREET ADDRESS	2512 SW Manor Hill Dr.	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cesar Solorzano	
STREET ADDRESS	1724 SW Foxpoint Tr.	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

Daytime Phone #

772-349-2773