

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33556

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MONTCLAIR AT AUDUBON CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

% MELDON CONSULTING  
4949 TAMiami TRAIL N.  
NAPLES, FL 34103 US

## New Principal Place of Business:

C/O MELDON CONSULTANTS  
4949 TAMiami TRAIL N.  
NAPLES, FL 34103 US

## Current Mailing Address:

% MELDON CONSULTING  
4949 TAMiami TRAIL N. #201  
NAPLES, FL 34103 US

## New Mailing Address:

C/O MELDON CONSULTANTS  
4949 TAMiami TRAIL N. #201  
NAPLES, FL 34103 US

FEI Number: 65-0140748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, WILLIAM S  
4949 TAMiami TRAIL N.  
SUITE #201  
NAPLES, FL 34103 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: DVP ( ) Delete  
Name: HODES, GERRY  
Address: 551 AUDUBON BLVD #101  
City-St-Zip: NAPLES, FL 34110

Title: DT ( ) Delete  
Name: SIELUCKA, ANTHONY  
Address: 583 AUDUBON BLVD #202  
City-St-Zip: NAPLES, FL 34110

Title: DS ( ) Delete  
Name: VICKS, MARY H  
Address: 599 AUDUBON BLVD #301  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: BUTLER, BARBARA  
Address: 583 AUDUBON BLVD. #301  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: HODES, GERRY  
Address: 551 AUDUBON BLVD #101  
City-St-Zip: NAPLES, FL 34110

Title: TD (X) Change ( ) Addition  
Name: NAVRATIL, ROBERT  
Address: 567 AUDUBON BLVD # 201  
City-St-Zip: NAPLES, FL 34110

Title: SD (X) Change ( ) Addition  
Name: VICKS, MARY H  
Address: 599 AUDUBON BLVD #301  
City-St-Zip: NAPLES, FL 34110

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

Title: PD ( ) Change (X) Addition  
Name: MORRISSEY, KEVIN  
Address: 551 AUDUBON BLVD. #202  
City-St-Zip: NAPLES, FL 34110

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: KEVIN MORRISSEY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date