FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

2-1495 B-1220-C

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

130 09
CL4

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:19

DOCUMENT # N36644 (5)

1. Corporation Name

MONTAGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC

Principal Place of Business	Mailing Address
PO BOX 30416 PENSACOLA FL 32503 US	PO BOX 30416 PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1990
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-3010640 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FOGG, PAT
5423 DYNASTY DR
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FOGG, PAT
STREET ADDRESS	5423 DYNASTY DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	VD
NAME	CAMPFIELD, CINDY
STREET ADDRESS	5411 DYNASTY DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	SD
NAME	MASSEY, JOYCE
STREET ADDRESS	4332 MONTAGE DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD
NAME	BRAGG, BERDENA
STREET ADDRESS	5414 DYNASTY DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	LUPONE, DON
STREET ADDRESS	5425 DYNASTY DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	NEWKIRK, DICK
STREET ADDRESS	5412 DYNASTY DR
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	D Young, Ray
6.3 STREET ADDRESS	4321 Montage Dr.
6.4 CITY-ST-ZIP	Pensacola, Fl.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Bragg, Berdena T D

SIGNATURE: Berdena Bragg 2/10/95 (904) 494-0797
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0070002