

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90251 023 ****61.25

DOCUMENT # N36644

1. Entity Name

MONTAGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.



Principal Place of Business

**5439 DYNASTY DR
PENSACOLA FL 32504
US**

Mailing Address

**5439 DYNASTY DR
PENSACOLA FL 32504
US**

24052728



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3010640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOGG, PAT
5423 DYNASTY DR
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD ☐ Delete
NAME FOGG, PAT
STREET ADDRESS 5423 DYNASTY DR
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete
NAME SKAGGS, PAT
STREET ADDRESS 4302 MONTAGE DR
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ Delete
NAME CAMPFIELD, CINDY
STREET ADDRESS 5411 DYNASTY DR
CITY-ST-ZIP PENSACOLA FL 32504

TITLE TD ☐ Delete
NAME DUCOTE, DICK
STREET ADDRESS 5401 DYNASTY DR
CITY-ST-ZIP PENSACOLA FL 32504

TITLE S ☐ Delete
NAME YORK, JEAN
STREET ADDRESS 5415 DYNASTY DR
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ST MASSEY, JOYCE**
STREET ADDRESS **4332 MONTAGE DR**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

PAT FOGG

PAT FOGG 17APR04 (850)479-9962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #