2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# N36644

Entity Name: MONTAGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

5439 DYNASTY DR
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

5439 DYNASTY DR
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3010640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOGG, PAT
5423 DYNASTY DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

FOGG, PAT L PRES.
5423 DYNASTY DR
PENSACOLA, FL 32504 US

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: PAT FOGG 03/22/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LUPONE, DON
Address: 5423 DYNASTY DR
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: SKAGGS, PAT
Address: 4302 MONTAGE DR
City-St-Zip: PENSACOLA, FL

Title: VD ( ) Delete
Name: CAMPFIELD, CINDY
Address: 5411 DYNASTY DR
City-St-Zip: PENSACOLA, FL 32504

Title: ST ( ) Delete
Name: MASSEY, JOYCE
Address: 4332 MONTAGE DRIVE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LUPONE, DON
Address: 5425 DYNASTY DR
City-St-Zip: PENSACOLA, FL 32504

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

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 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: PAT FOGG PRES 03/22/2006
Electronic Signature of Signing Officer or Director Date