


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

| | |
|--|---|
| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01272007 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-3010640 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUPONE, DON 5425 DYNASTY DR PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SKAGGS, PAT 4302 MONTAGE DR PENSACOLA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CAMPFIELD, CINDY 5411 DYNASTY DR PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MASSEY, JOYCE 4332 MONTAGE DRIVE PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000651793
03/09/07-80022-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Joyce Massey **Joyce MASSEY** 2/23/07 850/474-9209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #