2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
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 L PRES.
5423 DYNASTY DR
PENSACOLA, FL 32504 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: D ( ) Delete
Name: KIERSTEAD, ROY
Address: 5421 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: ROSANNN, MANN
Address: 5433 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: VD (X) Change ( ) Addition
Name: MORRISON, ED
Address: 5418 DYNASTY DR.
City-St-Zip: PENSACOLA, FL 32504

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

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: JOYCE B. MASSEY TREA 02/08/2009

Electronic Signature of Signing Officer or Director — Date