

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40883

FILED
Apr 28, 2006
Secretary of State

Entity Name: MONTCLAIR PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

908 MARBLEHEAD DR.
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

908 MARBLEHEAD DR.
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0233419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETTITT, KAY
908 MARBLEHEAD DR.
NAPLES, FL 34104 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: SCHWENZER, ROSEMARIE
Address: 925 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

Title: P () Delete
Name: FUMANDO, CARLO
Address: 858 GLEN EAGLE BLVD
City-St-Zip: NAPLES, FL 34104

Title: TS () Delete
Name: PETTITT, KAY
Address: 908 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: NICKESON, JEAN
Address: 914 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: ABRAMS, BURT
Address: 935 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SCHWENZER, ROSEMARIE
Address: 925 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

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

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

Title: D (X) Change () Addition
Name: PASSAGLIA, OLE
Address: 842 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: RIVCHIN, LEN
Address: 968 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

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: KAY PETTITT

T/S

04/28/2006

Electronic Signature of Signing Officer or Director

Date