

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40883

FILED
Apr 20, 2009
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:

6700 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 65-0230419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETTITT, KAY
908 MARBLEHEAD DR.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 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: BYRON ROSS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PASSAGLIA, OLE
Address: 842 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: RYDER, SANDRA
Address: 1065 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change () Addition
Name: SICLIAN, DAVID
Address: 992 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: COOPER, PAT
Address: 955 MARBLEHEAD DR.
City-St-Zip: NAPLES, FL 34104

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: BYRON ROSS

MGR

04/20/2009

Electronic Signature of Signing Officer or Director

Date