


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90011 012 ****61.25

DOCUMENT # N41082 1. Entity Name MONTCLAIR PARK FAIRWAY ESTATE HOMES ASSOCIATION, INC.	
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Principal Place of Business 1403 GLEN EAGLE BLVD NAPLES, FL 34104 US	Mailing Address 6730 HARWICH COURT NAPLES, FL 34104 US
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54017539



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6730 HARWICH COURT Suite, Apt. #, etc.	
City & State		City & State NAPLES, FL	
Zip	Country	Zip	Country
34104		34104	U.S.A.

03052004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0232568	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRAUS & BALLENGER, P.A. 1072 GOODLETTE ROAD NAPLES, FL 34102	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

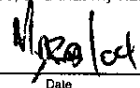
**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PYECROFT, FRED <input checked="" type="checkbox"/> Delete 716 PROVINCETOWN DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRISS, GEORGE <input type="checkbox"/> Delete 6850 CHARTWELL LANE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIRANDA, JACK <input type="checkbox"/> Delete 708 PROVINCETOWN DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, JAMES <input type="checkbox"/> Delete 748 PROVINCETOWN DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACDONALD, NOLAN <input type="checkbox"/> Delete 6730 HARWICH COURT NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONALD MILLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 731 PROVINCETOWN DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JAMES E. SCOTT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **James E. Scott**
Date Daytime Phone #