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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 12 PM 11:58

DOCUMENT # **N45573** **(5)**

1. Corporation Name
MONTESSORI DEVELOPMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 PINE CIRCLE BOCA RATON FL 33432	100 PINE CIRCLE BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1991**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **65-0409559** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOWSER, KATHLEEN L 100 PINE CRICLE BOCA RATON FL 33432	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	T	☒ Change ☐ Addition
NAME	CHALKER, RHODA	1.2 NAME	Jeffrey Scott	
STREET ADDRESS	100 PINE CIRCLE	1.3 STREET ADDRESS	100 Pine Circle	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	Boca Raton, Florida 33432	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BOWSER, KATHLEEN L.	2.2 NAME		
STREET ADDRESS	100 PINE CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	Tr	☒ Change ☐ Addition
NAME	BOWSER, ROBERT N.	3.2 NAME	Nancy Hallenberg	
STREET ADDRESS	100 PINE CIRCLE	3.3 STREET ADDRESS	100 Pine Circle	
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	Boca Raton, Fla. 33432	
TITLE	T	4.1 TITLE	Tr	☐ Change ☒ Addition
NAME	HALLENBERG, HARVEY	4.2 NAME	Judi Dempsey	
STREET ADDRESS	100 PINE CIRCLE	4.3 STREET ADDRESS	100 Pine Circle	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	Boca Raton, Fla. 33432	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen L. Bowser Kathleen L. Bowser, Director 4/1/95 407-391-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

604A31