2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N50566

FILED
04 JUL 28 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
660429730

DOCUMENT # N50566

1. Entity Name
MONTROSE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2217 PACE, FL 32571 US	P. O. BOX 2217 PACE, FL 32571 US

07082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3170571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, ROXANNE E 3413 EDINBURGH DRIVE PACE, FL 32571	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FALL, TERRY 3500 EDINBURGH DR PACE, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	20040401 ☐ Change 4 ☐ Addition 08/09/04--01064--009 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THOMAS, TONY 3413 EDINBURGH DR PACE, FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEWKIRK, KATE 5211 O'KANE CIRCLE PACE, FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MICHAEL W FUNK 3497 EDINBURGH DR PACE FL 32571 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOTTSCHALK, HELAINE 3483 EDINBURGH DR PACE, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY KATE NEWKIRK 5211 OKANE CIR PACE, FL 32571 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ MICHAEL W FUNK 7/8/04 850-995-1433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RS