

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 12 AM 11:23

DOCUMENT # N95000000507

1. Entity Name
MONTEGO PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
110 BELMONT DR.
WINTER HAVEN, FL 33884

Mailing Address
110 BELMONT DR.
WINTER HAVEN, FL 33884

200059740412
09/19/05--01046--007 **61.25



2. Principal Place of Business
123 Belmont DR
Suite, Apt. #, etc.

3. Mailing Address
123 Belmont DR
Suite, Apt. #, etc.

08152005 Chg-NP CR2E037 (10/03)

City & State
Winter Haven FL
Zip 33884 Country U.S.

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Winter Haven
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4. FEI Number
59-3294268 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, DENISE
110 BELMONT DR.
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent

Name Shane Lambert
Street Address (P.O. Box Number is Not Acceptable)
123 Belmont DR
City Winter Haven FL Zip Code 33884

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 Shane Lambert DATE 9-1-05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

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	D	<input checked="" type="checkbox"/> Delete
NAME	HOCKBAUM, DON	
STREET ADDRESS	127 BELMONT DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAWLES, RHONDA	
STREET ADDRESS	119 BELMONT DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, GREGORY	
STREET ADDRESS	106 BELMONT DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CONRAD, DAN	
STREET ADDRESS	110 BELMONT DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	O;HERN, JERRY	
STREET ADDRESS	133 BELMONT DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONRAD, DAN	
STREET ADDRESS	121 BELMONT DR.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shane Lambert	
STREET ADDRESS	123 Belmont DR	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	VO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa Lambert	
STREET ADDRESS	123 Belmont DR	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenda Fields	
STREET ADDRESS	137 Belmont DR	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Rawles	
STREET ADDRESS	119 Belmont DR	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry O'Hern	
STREET ADDRESS	133 Belmont DR	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Hobbs	
STREET ADDRESS	9 Cricket LN	
CITY-ST-ZIP	Winter Haven FL 33884	

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: Shane Lambert DATE 9-1-05 863-221-9892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #