

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004855

FILED
Mar 26, 2009
Secretary of State

Entity Name: MONTCLAIR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3426918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD (X) Delete
Name: EMELIANCHIK, BEVERLY
Address: 11110 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: STASZEL, JOHN
Address: 10922 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: FERRIS, PATTI
Address: 11005 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: MATHEWS, PATRICIA
Address: 11113 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: GRAZIANI, ED
Address: 10838 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: FELLOWS, DICK
Address: 10524 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Change () Addition
Name: MATTOZZI, LORI
Address: 10609 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D () Change (X) Addition
Name: STONE, BOB
Address: 10734 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

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: JOHN STASZEL

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date