

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N97000005442

Entity Name: MONTICELLO OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-3508053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, CAROL
C/O BOSSHARDT PROPERTY MGT INC
5522-B NW 43 STREET
GAINESVILLE, FL 32653 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: PD () Delete
Name: IMPERI, JODI
Address: 5928 NW 33 AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: THARP, DAVID
Address: 8901 ROBERTS RD
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: PECK, AMMON
Address: 346 NW 50 BLVD
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: SKOP, NATHAN
Address: 420 N.W. 50 BLVD #38
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: NIELSEN, ROBERT
Address: 6510 NW 44 PL
City-St-Zip: GAINESVILLE, FL 32607

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

Title: D (X) Change () Addition
Name: RASMUSEN, BOYD
Address: 330 NW 50TH BLVD.
City-St-Zip: GAINESVILLE, FL 32607

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: JODI IMPERI

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date