


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 011 ****61.25

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| DOCUMENT # N99000000697 |  |
| 1. Entity Name MONTREUX HOMEOWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 1463 OAKFIELD SUITE 129 BRANDON, FL 33511 | Mailing Address P.O. BOX 2608 VALRICO, FL 33595 |
|---|---|

40044390



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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
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| Suite, Apt. #, etc. 4131 Gunn Highway | Suite, Apt. #, etc. 4131 Gunn Highway |
| City & State Tampa, FL | City & State Tampa, FL |
| Zip 33618 | Country USA |

02202007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-3580114 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PITROWSKI, RICHARD 1463 OAKFIELD DRIVE SUITE 129 BRANDON, FL 33511 | |
| 7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 2401 WEST BAY DRIVE, SUITE 414 City LARGO FL 33770 | |

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 *Ellen Hirsch de Haan, J.D.* DATE _____
ELLEN HIRSCH DE HAAN, J.D., FOR THE FIRM (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WATSON, ALISON 7517 DUNBRIDGE DR. ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DERRICK, MARY 7627 DUNBRIDGE DR. ODESSA, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST NOZARI, PAM 19120 LARCHMONT DR. ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SEKELY, BARBARA 7619 DUNBRIDGE DR. ODESSA, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP FISHER, MIKE 19119 LARCHMONT DR. ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD NOZARI, PAM 19120 LARCHMONT DR. ODESSA, FL 33556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ODESSA, FL 33556 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mary* DATE 3/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR