

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000697

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: MONTREUX HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044

## New Principal Place of Business:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

## Current Mailing Address:

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044

## New Mailing Address:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

FEI Number: 59-3580114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W JR  
% SENTRY MANG., INC.  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 327795044 US

## Name and Address of New Registered Agent:

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

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: JAMES W HART JR

04/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DERRICK, MARY  
Address: 7627 DUNBRIDGE DR  
City-St-Zip: ODESSA, FL 33556

Title: DST ( ) Delete  
Name: NOZARI, PAM  
Address: 19120 LARCHMONT DR.  
City-St-Zip: ODESSA, FL 33556

Title: DVP ( ) Delete  
Name: SEKELY, BARBARA  
Address: 7619 DUNBRIDGE DR  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DERRICK, MARY  
Address: 7627 DUNBRIDGE DR  
City-St-Zip: ODESSA, FL 33556

Title: SD (X) Change ( ) Addition  
Name: NOZARI, PAM  
Address: 19120 LARCHMONT DR  
City-St-Zip: ODESSA, FL 33556

Title: VPD (X) Change ( ) Addition  
Name: SEKELY, BARBARA  
Address: 7619 DUNBRIDGE DR  
City-St-Zip: ODESSA, FL 33556

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: MARY DERRICK

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date