## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000090599 (7)

MONTCLAIR VILLAS BUILDING CORPORATION

<del></del>						_							
Principal Place of Business Mailing Address											A2101 B4110 151	•• •••	
1400 GULFSHORE BLVD. #223 NAPLES FL 34102			1400 GULFSHORE BLVD. #223										
				NAPLES FL 34102					DO NOT WRITE IN THIS SPACE				
ĺ									3. Date Incorporated or Qualified				
									11/04/1996				
2. Principal Place of Business				2a. Mailing Address				•	4. FEI Number		I Ac	plied For	
21				26					59-3412367			t Applicable	
Suite, Apt. #, etc.				Suite, Apt #, etc.							\$8.75		
22				27					5. Certificate of Status Desired		Fee Re		
City & State				City & State					8. Election Campaign Financing		\$5.00	May Be	
23				28					Trust Fund Contribution Added to Fees				
Zip	<del></del>	Count	ry	Zip		Count	ry		8. This corporation owes or has p	aid the curr	ent year Int	angible	
24		25		29	30	•	_		Personal Property Tax due Jun			] No	
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent				
PFEUFFER, WILLIAM A							1	Name	Marnell, Mary A. ES	Q <b>.</b>			
1124 GOODLETTE ROAD						6:	2	Street A	ddress (P.Q. Box Number is Not Accepte	ıble)			
NAPLES FL 33102							5811 Pelican Bay Blvd., Ste 210						
ĺ						8:	3					-	
	•					8	<u>.</u>	City			les Zin (	<del></del>	
						1		,	Naples	FL	85 Zip (	ŏ8°	
11. Pursi	uant to the provis	sions of Sec	tions 607.0502	and 607.1508, FI	orida Statutes,	the abo	ve-	named c	corporation submits this statement for the oration's board of directors. I hereby acceptable	purpose of	changing it	s registered	
QTICE Riger	e or registered at it. I am familia <u>r v</u>	gent, or bot vith, and ac	n, in the State of cept the obligation	riorida. Such cr pns of, Section 6	iange was autr 07.0505, Florid	norizea t la Statute	oy t es.	the corpo	oration's board of directors. I hereby acce	ept the appo	intment as	registered	
SIGNATU		nau	114.7	naine	ee				-2,	/23/	98		
Oldinario			ne of registered agent r		(NOTE: R	egistered A	gent	t signature r	required when reinstating)	DATE			
12.		(	DEFICERS AND E						ADDITIONS/CHANGES TO OFF				
TITLE	VP			L	DELETE	1.1 TITLE		1			☐ Change	Addition	
NAME						1.2 NAME							
7,000 0,000 0,000 0,000						1.3 STREET ADDRESS		DDRESS				J	
CITY-ST-ZIP NAPLES FL 34102						1.4 CITY - ST - ZIP		- ZIP					
TITLE				L	DELETE	2.1 TITLE					Change	Addition	
NAME						2.2 NAME	Ε						
STREET ADD	ress					23 STREE	ET A	DDRESS				ļ	
CITY-ST-ZIF	·					2.4 CITY	·st	- ZiP					
TITLE					DELETE	3.1 TITLE					☐ Change	Addition	
NAME	J					3.2 NAME	E	1				J	
STREET ADDI	RESS					3.3 STREE	ET AI	DDRESS					

64CITY-ST-ZIP

14. I hereby certify that the information surplied 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 annual report or surpliemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.4. CITY - ST- ZIP

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.1 TITLE 4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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DELETE

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41-98

(941) 261-7117

Change

Change

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**FILED** 

Apr 15 1998 8:00am

Secretary of State

CR2E034 (10/97)