

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009609

**FILED**  
**Mar 03, 2014**  
**Secretary of State**  
**CC6738525691**

**Entity Name:** MONTEGO PLACE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4206 JAMES L REDMAN PARKWAY  
PLANT CITY, FL 33567

**Current Mailing Address:**

4206 JAMES L REDMAN PARKWAY  
PLANT CITY, FL 33567

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GALLOWAY, DAVID H  
506 N. ALEXANDER ST.  
PLANT CITY, FL 33563 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PTD  
Name            SHAKES, LEAFORD  
Address        4206 JAMES L REDMAN PARKWAY  
City-State-Zip: PLANT CITY FL 33567

Title            D  
Name            GALLOWAY, DAVID H  
Address        506 N. ALEXANDER ST.  
City-State-Zip: PLANT CITY FL 33563

Title            D  
Name            SHAKES, YVONNE  
Address        5738 HORTON RD.  
City-State-Zip: PLANT CITY FL 33567

*I hereby 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 all other like empowered.*

**SIGNATURE: LEAFORD SHAKES**

**PRESIDENT**

**03/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date