

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36644

Entity Name: MONTAGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.**FILED**
Jun 17, 2020
Secretary of State
6473757479CC**Current Principal Place of Business:**5439 DYNASTY DR
PENSACOLA, FL 32504**Current Mailing Address:**5439 DYNASTY DR
PENSACOLA, FL 32504 US**FEI Number: 59-3010640****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FOGG, PAT
5423 DYNASTY DR
PENSACOLA, FL 32504 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: PAT FOGG****06/17/2020**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DIRECTOR
Name KAYE, PITTMAN DR.
Address 5409 DYNASTY DRIVE
City-State-Zip: PENSACOLA FL 32504Title DIRECTOR
Name MORRISON, ED
Address 5418 DYNASTY DR.
City-State-Zip: PENSACOLA FL 32504Title DIRECTOR, PRESIDENT
Name FOGG, PAT
Address 5423 DYNASTY DRIVE
City-State-Zip: PENSACOLA FL 32504Title DIRECTOR, VP
Name WHITMORE, RALPH DIRECTOR
Address 5419 DYNASTY DRIVE
City-State-Zip: PENSACOLA FL 32504Title TREASURER
Name MORRISON, PATRICIA
Address 5418 DYNASTY DRIVE
City-State-Zip: PENSACOLA FL 32504Title DIRECTOR, SECRETARY
Name PECORA, TAMI
Address 5436 DYNASTY DR.
City-State-Zip: PENSACOLA FL 32504

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: PAT FOGG**PRESIDENT, DIRECTOR****06/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date