

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717768

1. Entity Name

MONTEREY HOUSE CONDOMINIUM, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90036 030 ****61.25



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 3114 SOUTH OCEAN BOULEVARD HIGHLAND BEACH FL 33487 | Mailing Address 3114 SOUTH OCEAN BOULEVARD HIGHLAND BEACH FLA 33487-2509 |
|--|--|

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-1391307 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SHERIDAN, DENNIS J 3114 SOUTH OCEAN BLVD #608 HIGHLAND BEACH FL 33487 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAVERTY, CHARLES J 3114 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHERIDAN, DENNIS J 3114 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SHAPIRO, STANLEY 3114 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORIARTY, NEIL 3114 S OCEAN BLVD #810 HIGHLAND BEACH FL 33487 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BARRELL, JOSEPH P 3114 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'CONNOR, WALTER J 3114 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487 | 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 exemption stated in Section 119.07(3)(i), 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: SHERIDAN DENNIS J **SIGNATURE REQUIRED** 2/21/00 278-0857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)