

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90052 043 ****61.25

DOCUMENT # 717768

1. Entity Name

MONTEREY HOUSE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**3114 SOUTH OCEAN BOULEVARD
 HIGHLAND BCH FL 33487**

**3114 SOUTH OCEAN BOULEVARD
 HIGHLAND BCH FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same as above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1391307

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

*and for Mary Joann Ciomei
 3114 So. Ocean Blvd
 Apt 707
 Highland Beach FL 33487
 No chg*

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

Mary Joann Ciomei

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$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	VP	<input type="checkbox"/> Delete
NAME	SHERIDAN, DENNIS J	
STREET ADDRESS	3114 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAPIRO, STANLEY	
STREET ADDRESS	3114 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORIARTY, NEIL	
STREET ADDRESS	3114 S OCEAN BLVD #810	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CIOMEI, MARY J	
STREET ADDRESS	3114 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, JOE J	
STREET ADDRESS	3114 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	<i>D Bennett, Ron Apt 402</i>	
NAME	<i>D Cohn, Alice " 809</i>	
STREET ADDRESS	<i>both / same address</i>	
CITY-ST-ZIP		

TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>No chg</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>No Chg</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>asst Secy and</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Asst Treas</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mary Joann Ciomei

1-9-02 276-7145 276-7154

CR2E037 (9/01)