

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:18

DOCUMENT # 743210 (7)  
1. Corporation Name  
MONTOYA ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address  
7764 SAN MATEO DRIVE BOCA RATON FL 33433  
7764 SAN MATEO DRIVE BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1978 3a. Date of Last Report 03/29/1994  
4. FEI Number 59-1845213 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUNVEST MGMT SERV CORP  
1100 SOUTH STATE RD SEVEN, STE 100  
MARGATE FL 33068

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS
NAME	BAND, CHANNON
STREET ADDRESS	7874 CYPRESS CRESCENT
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	DELOR, JR A
STREET ADDRESS	22087 MONTEBELLO DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	STRAUSS, ROBERT
STREET ADDRESS	7790 CYPRESS CRESCENT
CITY-ST-ZIP	BOCA RATON FL
TITLE	DVP
NAME	WASHTON, ARTHUR
STREET ADDRESS	7965 CHULA VISTA CRESCENT
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	EPSTEIN, MILTON
STREET ADDRESS	7905 CHULA VISTA CRESCENT
CITY-ST-ZIP	BOCA RATON FL
TITLE	DT
NAME	SCHUCHMAN, SIDNEY
STREET ADDRESS	7480 MALIBU CRESCENT
CITY-ST-ZIP	BOCA RATON FL

1.1 TITLE	D.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SWANSON, Charlotte	
1.3 STREET ADDRESS	7510 San Mateo Dr.	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAND, CHANNON	
2.3 STREET ADDRESS	7874 CYPRESS CRESCENT	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELOR, ARTHUR JR.	
3.3 STREET ADDRESS	7893 CHULA VISTA CRESCENT	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	METZGER, JEROME	
4.3 STREET ADDRESS	7810 SAN MATEOS PLACE	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COHEN, CAROL	
5.3 STREET ADDRESS	7535 SAN MATEO DRIVE	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
6.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOSEPH A. FREADLIN	
6.3 STREET ADDRESS	7719 CYPRESS CRESCENT	
6.4 CITY-ST-ZIP	BOCA RATON, FL 33433	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlotte W. Swanson 3-2-94 407-368-6894  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #