

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 06/12/1978
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1845213	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Zip	Country	29	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	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: SUNVEST MGMT
82 Street Address (P.O. Box Number is Not Acceptable): 441 S STATE RD 7 #4
83
84 City: MARGATE FL 85 Zip Code: 33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SWANSON, CHARLOTTE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7510 SAN MATEO DRIVE	1.2 NAME	Ben Packer
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS	7675 Cypress Crescent
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, Florida 33433
TITLE	DS BAND, CHANNON <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7674 CYPRESS CRESCENT	2.2 NAME	Shirley Jaslow
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	7887 San Marcos Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, Florida 33433
TITLE	D DELOR, ARTHUR J <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7893 CHULA VISA CRESCENT	3.2 NAME	
STREET ADDRESS	BOCA RATON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DVP METZGER, JEROME <input type="checkbox"/> DELETE	4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7810 SAN MAREOS PLACE	4.2 NAME	Jerome Metzger
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	7810 San Marcos Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, Florida 33433
TITLE	D COHEN, CAROL <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7555 SAN MATEO DRIVE	5.2 NAME	William Pearl
STREET ADDRESS	BOCA RATON FL	5.3 STREET ADDRESS	7797 San Marcos Place
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boca Raton, Florida 33433
TITLE	DT FREADLIN, JOSEPH C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7719 CYPRESS CRESCENT	6.2 NAME	
STREET ADDRESS	BOCA RATON FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Joseph C. Freadlin Joseph C. Freadlin 2/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)