## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

| 1. Corporation  | MENI# /4321(                                       | ) (/)                                       |   |                                  |  |  |                      |                  |  |
|---|--|---|---|----------------------------------|--|--|----------------------|------------------|--|
| MONTOYA ESTATES HOMEOWNER'S ASSOCIATION, INC.   |  |   |   |                                  |  |  |                      |                  |  |
|   |  |   |   |                                  |  |  |                      |                  |  |
| Principal Place   | Mailing Address                                    | Address                                     |   |                                  | -  |  |                      |                  |  |
| ·   |  |   |   |                                  |  |  |                      |                  |  |
| 7764 SAN MATEO DRIVE<br>BOCA RATON FL 33433   |  | 7764 SAN MATEO DRIVE<br>BOCA RATON FL 33433 |   |                                  | 3. Date Incorporated or Qualified                          |  |                      |                  |  |
|   |  |   |   |                                  |  | 06/12/1978<br>4. FEI Number  | A                    | pplied For       |  |
|   |  |   |   |                                  |  | 59-1845213   | N.                   | ot Applicable    |  |
| 2. Principal Place of Business  |  | 2s. Mailing Address                         |   |                                  |  | 5. Certificate of Status Desired   | <b>,</b>             | Additional       |  |
| Suite, Apt. #, etc  |  | Sulte, Apt. #, etc.                         |   |                                  |  | 6 Florito Como los Floritos  |                      | eguired          |  |
| 22  |  | 27  |   |                                  | 6. Election Campaign Financing Trust Fund Contribution     | \$5.00<br>Added to   |                      |                  |  |
| City & State  |  | City & State                                |   |                                  | 7. Is this nonprofit corporation a homeowners association? |  |                      |                  |  |
| 23  |  | 28  | ,   |                                  |  | ☐ Yes  |                      |                  |  |
| Zip   | Country  | Zip   | Country   | y                                |  | 8. This corporation owes or has paid the                                 |                      | tangible<br>D No |  |
| 24  | 9. Name and Address of Curren                      | 29  <br>t Registered Agent                  | 30  |                                  |  | Personal Property Tax due June 30.  10. Name and Address of New Register |                      |                  |  |
|   |  |   | 81  | Name                             |  |  |                      |                  |  |
| BECKER & POLIAKOFF, P.A.  |  |   | 82  | Street A                         | Addre  | ddress (P.O. Box Number is Not Acceptable)                               |                      |                  |  |
| 500 AUSTRALIAN AVENUE SOUTH   |  |   |   |                                  | Addition (1. C. Dox Mulliper in the Acceptable)            |  |                      |                  |  |
| 9TH FLOOR   |  |   | 83  |                                  |  |  |                      |                  |  |
| WEST PALM BEACH FL 33401  |  |   | 84  | City                             | FL 85 Zip Code   |  |                      | Code             |  |
| <ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nar office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.</li> </ol> |  |   |   |                                  | corpo  |  |                      | ts registered    |  |
| office or re  | egistered agent, or both, in the State             | of Florida, Such change was a               | authorized by                                     | y the corp                       | oratio   | on's board of directors. I hereby accept the                             | appointment as       | registered       |  |
|   | m tamıllar witn, and accept the obliga             | idons of, Section 617.0303, Fit             | Jilda Statute                                     | ·S.                              |  |  |                      |                  |  |
| SIGNATURE _   | Signature, typed or printed name of registered age |   |   | ent signature                    | required   | d when reinstating) DA1  |                      |                  |  |
| 12.   | OFFICERS AND DIRECTORS  UPD DELETE                 |   |   | 13.                              |  | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTOR  Change | RS IN 12         |  |
| TITLE   |  |   |   | 1.1 TITLE                        |  |  | ☐ cirainge           | L Addition       |  |
| NAME  | EPSTEIN, MILTON 7905 CHULA VISTA CRESCEN           | iT  | 1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |                                  |  |  |                      |                  |  |
| STREET ADDRESS  | BOCA RATON FL                                      | "   |   |                                  |  |  |                      |                  |  |
| CITY-ST-ZIP<br>TITLE  | D DELETE   |   | 2.1 TITLE   |                                  |  |  | Change               | Addition         |  |
| NAME  | BROADSKY, ELLEN                                    |   | 2.2 NAME  | 2.2 NAME                         |  |  |                      |                  |  |
| STREET ADDRESS  | 7881 SAN MARCOS PLACE                              |   | 2.3 STREET  | 2.3 STREET ADDRESS               |  |  |                      |                  |  |
| CITY-ST-ZIP   | BOCA RATON FL                                      |   | 2. 4 CITY -                                       | 2. 4 CITY - ST - ZIP             |  |  |                      |                  |  |
| TITLE   | DS   | · ·   |   | 3.1 TITLE I                      |  |  | Change               | Addition         |  |
| NAME  | JASLOW, SHIRLEY                                    |   | 3.2 NAME  | 3.2 NAME                         |  | llph Goldberg  |                      |                  |  |
| STREET ADDRESS  | 7887 SAN MARCOS PLACE                              |   | 3.3 STREET  | T ADDRESS                        | 79   | 014 Chula Vista Crescent   | <b>-</b>             |                  |  |
| CITY-ST-ZIP   | BOCA RATON FL                                      |   | _   | 3.4. CITY - ST - ZIP             |  | ca Raton, Florida 33433  | }                    | Addition         |  |
| TITLE   | PO DELETE  |   | 4.1 TITLE   |                                  |  |  | ☐ Change             | L. ADDITION      |  |
| NAME  | METZGER, JEROME                                    |   | 4. 2 NAME   |                                  |  |  |                      |                  |  |
| STREET ADDRESS  | 7810 SAN MAREOS PLACE                              |   |   | T ADDRESS                        |  |  |                      |                  |  |
| CITY-ST-ZIP<br>TITLE  | BOCA RATON FL DELETE                               |   |   | 4.4 CITY - ST - ZIP<br>5.1 TITLE |  |  | Change               | ☐ Addition       |  |
| NAME  | SHERMAN, RICHARD                                   | tion vereit                                 | 5.2 NAME  | ]                                |  |  |                      |                  |  |
| STREET ADDRESS  | 7977 CHULA VISTA CRESCEN                           | IT  |   | T ADDRESS                        |  |  |                      |                  |  |
| CITY-ST-ZIP   | BOCA RATON FL                                      | ••  | 5.4 CITY-9  | - 1                              |  |  |                      |                  |  |
| TITLE   | DT   | ☐ DELETE                                    | 6.1 TITLE   |                                  |  |  | ☐ Change             | Addition         |  |
| NAME  | FREADLIN, JOSEPH C                                 |   | 6.2 NAME  |                                  |  |  |                      |                  |  |
| STREET ADDRESS  | 7719 CYPRESS CRESCENT                              |   | 6.3 STREET  | T ADDRESS                        |  |  |                      |                  |  |
| CITY-ST-ZIP   | BOCA RATON FL                                      |   | 6.4 CITY-5  | ST-ZIP                           |  |  |                      |                  |  |

14. 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 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 ghanged, or on an attachment with an address.

MOSTERINO

2-12-98

561-395-7100

**FILED** 

Feb 19 1998 8:00am

Secretary of State