

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90025 011 ****61.25

DOCUMENT # 743210

1. Entity 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 33433-4133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1845213

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVENUE SOUTH
9TH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	EPSTEIN, MILTON	
STREET ADDRESS	7905 CHULA VISTA CRESCENT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMEL, HARRIET	
STREET ADDRESS	7541 SAN MATEO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOLDBERG, RALPH	
STREET ADDRESS	7914 CHUKLA VISTA CRESCENT	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLATT, SYDNEY	
STREET ADDRESS	7541 SAN MATEO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, RICHARD	
STREET ADDRESS	7977 CHULA VISTA CRESCENT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FREADLIN, JOSEPH C	
STREET ADDRESS	7719 CYPRESS CRESCENT	
CITY-ST-ZIP	BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOME, SHIA	
STREET ADDRESS	7800 SAN MARCOS PLACE	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LIEBER	
STREET ADDRESS	7644 CYPRESS CRESCENT	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM PEARL	
STREET ADDRESS	7797 SAN MARCOS PLACE	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Ralph S. Goldberg* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 FEB. '00

561 447 0618

Date

Daytime Phone #

CR2E037 (9/99)