

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0035101

03-05-2002 90090 028 ****61.25

DOCUMENT # 743210

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1845213

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MARILYN	
STREET ADDRESS	22068 MONTOYA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	LURIE, DEENA	
STREET ADDRESS	7489 MALIBU CRESCENT	
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 type="checkbox"/> Delete
NAME	LOME, SHIA L.	
STREET ADDRESS	7800 SAN MARCOS PLACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIEBER, DAVID	
STREET ADDRESS	7644 CYPRESS CRESCENT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FREADLIN, JOSEPH C	
STREET ADDRESS	7719 CYPRESS CRESCENT	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR OSCAR (Riley) Hausdorff	
STREET ADDRESS	7492 MALIBU CRESCENT	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rabbi Jerry Rischall	
STREET ADDRESS	7510 SAN MATEO	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN KATZ	
STREET ADDRESS	7941 CHUKLA VISTA CRESCENT	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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: **SHIA L. LOME** *Shia L Lome* 7/13/02 (601) 368-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)