2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90179 021 ****61.25

DOCUMENT # 743210

1. Entity Name
MONTOYA ESTATES HOMEOWNER'S ASSOCIATION, INC.

40028780

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

01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EISENBERG, MURRAY D 7959 CHULA VISTA CRESCENT BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ralph Goldberg 7914 Chula Vista Crescent Boca Raton, FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, MARILYN 22068 MONTOYA DR. BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Shia Lome 7800 San Marcos Place Boca Raton, FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KULA, CHARLOTTE 7960 CHULA VISTA CRESCENT BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Joel Green 7851 San Marcos Place Boca Raton, FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIXTER, ERIC 22044 MONTELBELLO DR. BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sonya Blumenfeld 7976 Chula Vista Crescent Boca Raton, FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERTZ, SHIRLEE 7875 SAN MARCOS PLACE BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ethel Goldstein 7923 Chula Vista Crescent Boca Raton, FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SILKIN, JEFFREY 7911 CULA VISTA CRESCENT BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stacia Konstam 7843 Cypress Crescent Boca Raton, Florida 33433	☑ Change ☐ Addition

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: X Shia L Lome Shia L Lome 3/4/05 561-364-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #