


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90005 002 \*\*\*\*61.25

**DOCUMENT # 743210**  
 1. Entity Name  
**MONTOYA ESTATES HOMEOWNER'S ASSOCIATION, INC.**



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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1845213**      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 re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TYPE	P	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, RALPH	
STREET ADDRESS	7914 CHULA VISTA CRESCENT	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOME, SHIA	
STREET ADDRESS	7800 SAN MARCOS PLACE	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	S	<input checked="" type="checkbox"/> Delete
NAME	KULA, CHARLOTTE	
STREET ADDRESS	7960 CHULA VISTA CRESCENT	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	T	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JOEL	
STREET ADDRESS	7851 SAN MARCOS PLACE	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	D	<input type="checkbox"/> Delete
NAME	BLUMENFELD, SONYA	
STREET ADDRESS	7976 CHULA VISTA CRESCENT	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	T	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, ETHEL	
STREET ADDRESS	7923 CHULA VISTA CRESCENT	
CITY-STATE-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TYPE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLEY T. SCHUCHMAN	
STREET ADDRESS	7488 MALIBU CRESCENT	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EYAL COHEN	
STREET ADDRESS	7569 SAN MATEO DR	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE POLLACIC	
STREET ADDRESS	7797 SAN MARCOS PL	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN GILDIN	
STREET ADDRESS	7511 SAN MATEO DR	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON MILSKY	
STREET ADDRESS	7541 SAN MATEO DR	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TYPE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID BRUDNOY	
STREET ADDRESS	7822 CYPRESS CRESCENT	
CITY-STATE-ZIP	BOCA RATON FL 33433	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]*      **Lesley T Schuchman Pres 861-362-9332**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #