

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 APR -6 AM 9:06**

DOCUMENT # **763466** (0)

1. Corporation Name  
**MONTAUK VILLAGE CONDOMINIUM I, INC.**

Principal Place of Business Mailing Address  
**1593 CABOT LN #D3 W. PALM BCH. FL 33414 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1982** 3a. Date of Last Report **04/28/1994**  
4. FEI Number **59-2431260** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **1647 Cabot Lane** 26 **1647 Cabot Lane**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **#11** 27 **#11**  
City & State City & State  
23 **West Palm Beach, Fl.** 28 **West Palm Beach, Fl.**  
Zip Country Zip Country  
24 **33414** 25 **Palm Beach** 29 **33414** 30 **Palm Beach**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**GELFAND, MICHAEL J., ESQ.**  
**250 AUSTRALIAN AVE. S., SUITE 1010**  
**ONE CLEARLAKE CENTRE**  
**WEST PALM BEACH FL 33401**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHOLS, ELEANOR C.	1.2 NAME	Canavin, Richard
STREET ADDRESS	1593 CABOT LANE #D7	1.3 STREET ADDRESS	1593 Cabot Lane D3
CITY - ST - ZIP	W. PALM BCH. FL	1.4 CITY - ST - ZIP	West Palm Beach, Fl. 33414
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECHOLS, RENZA W.	2.2 NAME	Brandjord, Mary Jane
STREET ADDRESS	1593 CABOT LANE #D7	2.3 STREET ADDRESS	1629 Cabot Lane B4
CITY - ST - ZIP	W. PALM BCH. FL	2.4 CITY - ST - ZIP	West Palm Beach, Fl. 33414
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALHOUN, BONNIE	3.2 NAME	Weaver, Linda
STREET ADDRESS	1611 CABOT LANE #C5	3.3 STREET ADDRESS	1593 Cabot Lane D1
CITY - ST - ZIP	W. PALM BCH. FL	3.4 CITY - ST - ZIP	West Palm Beach, Fl. 33414
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEAVER, LINDA	4.2 NAME	Humphries, Ellen
STREET ADDRESS	1593 CABOT LN #D1	4.3 STREET ADDRESS	1593 Cabot Lane D7
CITY - ST - ZIP	W. PALM BCH. FL	4.4 CITY - ST - ZIP	West Palm Beach, Fl. 33414
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANAVIN, RICHARD	5.2 NAME	D
STREET ADDRESS	1593 CABOT LN #D3	5.3 STREET ADDRESS	Maxcy, Karen
CITY - ST - ZIP	W. PALM BCH. FL	5.4 CITY - ST - ZIP	1629 Cabot Lane, B7
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *Linda Weaver* SECRETARY/TREASURER **LINDA WEAVER** 3/20/95 407 790-4903  
MINIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature #