

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763466 (0)

1. Corporation Name

MONTAUK VILLAGE CONDOMINIUM I, INC.



Principal Place of Business

Mailing Address

1647 CABOT LANE #11 W. PALM BCH. FL 33414 US

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3. Date Incorporated or Qualified 05/25/1982 3a. Date of Last Report 04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number 59-2431260 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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	<input checked="" type="checkbox"/> DELETE
NAME	ECHOLS, ELEANOR C.	
STREET ADDRESS	1593 CABOT LANE #D7	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ECHOLS, RENZA W.	
STREET ADDRESS	1593 CABOT LANE #D7	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CALHOUN, BONNIE	
STREET ADDRESS	1611 CABOT LANE #C5	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WEAVER, LINDA	
STREET ADDRESS	1593 CABOT LN #D1	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANAVIN, RICHARD	
STREET ADDRESS	1593 CABOT LN #D3	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRANDJORD, MARY JANE	
STREET ADDRESS	1829 CABOT LANE B4	
CITY-ST-ZIP	WEST PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: Mary Jane Brandjord 4/11/96 407-641-8554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)