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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763466 (0)

1. Corporation Name
MONTAUK VILLAGE CONDOMINIUM I, INC.



Principal Place of Business Custom Property Mgmt. CRS MANAGEMENT ASSOCIATES INC. 3900 WOODLAKE BLVD. STE 201 LAKE WORTH FL 33463 US	Mailing Address Custom Property Mgmt. CRS MANAGEMENT ASSOCIATES INC. 3900 WOODLAKE BLVD. STE 201 LAKE WORTH FL 33463 US
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3. Date Incorporated or Qualified
05/25/1982

4. FEI Number
59-2431260

Applied For	Not Applicable
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2. Principal Place of Business 21 2328 S. Congress Suite, Apt. #, etc. 22 2A City & State 23 West Palm Beach, FL Zip 24 33406 Country 25 Palm Beach	2a. Mailing Address 26 2328 S. Congress Suite, Apt. #, etc. 27 2A City & State 28 West Palm Beach, FL Zip 29 33406 Country 30 Palm Beach
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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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL J. ESQ.
250 AUSTRALIAN AVE. S., SUITE 1010
ONE CLEARLAKE CENTRE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	STD <input type="checkbox"/> DELETE	1.1 TITLE	Pres. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, LINDA	1.2 NAME	
STREET ADDRESS	1593 CABOT LN #D1	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANAVIN, RICHARD	2.2 NAME	
STREET ADDRESS	1593 CABOT LN #D3	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	PO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDJORD, A.J.	3.2 NAME	
STREET ADDRESS	1629 CABOT LANE B4	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	BETSY PASCAL VP. D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CO CAMELOT MOTOR INN	4.2 NAME	
STREET ADDRESS	1000 US HIGH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	JANE EATON S D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1629 CABOT LN B-7	5.2 NAME	
STREET ADDRESS	WELLINGTON, FL 33414	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PIANE ZECHINO TRUST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1611 CABOT LN	6.2 NAME	
STREET ADDRESS	WELLINGTON, FL 33414	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

CR2E037 (10/97)