

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90227 020 \*\*\*\*61.25

**DOCUMENT # 763466**

1. Entity Name

**MONTAUK VILLAGE CONDOMINIUM I, INC.**

Principal Place of Business

Mailing Address

CUSTOM PROPERTY MANAGEMENT  
 2328 S CONGRESS STE 2A  
 WEST PALM BEACH FL 33406  
 US

CUSTOM PROPERTY MANAGEMENT  
 2328 S CONGRESS STE 2A  
 WEST PALM BEACH FL 33406  
 US

2. Principal Place of Business

*ARTHUR M. LICHTMAN, PA*  
 Suite, Apt. #, etc. *SUITE 203*  
*12773 W FOREST HILL BLVD*

3. Mailing Address

*ARTHUR M. LICHTMAN, PA*  
 Suite, Apt. #, etc. *SUITE 203*  
*12773 W FOREST HILL BLVD.*

City & State

*WELLINGTON, FL*

City & State

*WELLINGTON, FL*

Zip

*33414*

Country

Zip

*33414*

Country

4. FEI Number

**59-2431260**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. 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**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WEAVER, LINDA</b> <b>1593 CABOT LN #D1</b> <b>W. PALM BCH. FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>EATON, JAME</b> <b>1629 CABOT LANE B-7</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ZECCHIN, DIANE</b> <b>1611 CABOT LANE</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-29-01* *798-4184*  
 Date Daytime Phone #

CR2E037 (10/00)