


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 763466
 1. Entity Name
 MONTAUK VILLAGE CONDOMINIUM I, INC.



Principal Place of Business ARTHUR M. LICHTMAN PA 12773 W FOREST HILL BLVD. WELLINGTON, FL 33414 US	Mailing Address ARTHUR M. LICHTMAN PA 12773 W FOREST HILL BLVD. WELLINGTON, FL 33414 US
--	--

DO NOT WRITE IN THIS SPACE



04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2431260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

000000151649
 05/04/04-80052-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARAWY, ALEX 1611 CABOT LANE C5 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EATON, JAME 1629 CABOT LANE B-7 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZECCHIN, DIANE 1611 CABOT LANE C6 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Samuel Bawry **4-29-04 561-792-2008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #