

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# 763466

Entity Name: MONTAUK VILLAGE CONDOMINIUM I, INC.

Current Principal Place of Business:

ARTHUR M LICHTMAN PA
12773 W FOREST HILL BLVD. SUITE 203
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

ARTHUR M LICHTMAN PA
12773 W FOREST HILL BLVD. SUITE 203
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2431260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTHUR M. LICHTMAN, P.A.
12773 W FOREST HILL BLVD
SUITE 203
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARANY, ALEX
Address: 1611 CABOT LANE C5
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: EATON, JAME
Address: 1629 CABOT LANE B-7
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: ZECCHIN, DIANE
Address: 1611 CABOT LANE C6
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR M LICHTMAN, CPA

RA

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date