


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**


04-04-2007 90166 023 \*\*\*\*61.25

<b>DOCUMENT # 768228</b> 1. Entity Name <b>MONTEREY HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>865 NE 209TH ST. MIAMI, FL 33179</b>	Mailing Address <b>865 NE 209TH ST. MIAMI, FL 33179</b>
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**DO NOT WRITE IN THIS SPACE**

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01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2378210</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MOLNAR, MARY 865 N.E. 209 ST. MIAMI, FL 33179</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLAWAY, NEAL 865 NE 209TH ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHELLBACH, RICHARD 865 N E 209 ST MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, SANDRA 865 NE 209TH ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTCHER, JON 865 NE 209TH ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVAREZ, YILKA 865 N E 209 ST MIAMI, FL 33179
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 exemptions contained 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 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:** *ME Maera* 3/23/07 305-654-4474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #