FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:23

DOCUMENT # N01621 (4)

1. Corporation Name

MONTEGO BAY HOMEOWNERS ASSOCIATION, INC. OF DADE COUNTY

Principal Place of Business	Mailing Address
9916 SW 218 TERRACE P. O. BOX 700756 MIAMI FL 33170	9916 SW 218 TERRACE P. O. BOX 700756 MIAMI FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1984
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-2774543 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PAIGE, ROBERT
2151 LEJUNE ROAD
SUITE 309-A
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 3-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HUFF, BOB	12 NAME		
STREET ADDRESS	9920 SOUTHWEST 218 TERRACE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	~~VPD~~	21 TITLE	VPD	☒ Change ☒ Addition
NAME	~~GAIN, LANCE~~	22 NAME	LARRY JOHNSON	
STREET ADDRESS	~~10039 SOUTHWEST 221 STREET~~	23 STREET ADDRESS	22000 SW 100 PLACE	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	~~SD~~	31 TITLE	SD	☒ Change ☒ Addition
NAME	~~WIENER, FRED~~	32 NAME	PHIL HARTLEY	
STREET ADDRESS	~~10053 SOUTHWEST 218 STREET~~	33 STREET ADDRESS	21694 SW 98 PL	
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	~~TD~~	41 TITLE	TD	☒ Change ☒ Addition
NAME	~~ADRENDAS, ALBERT~~	42 NAME	BILL BLACKBURN	
STREET ADDRESS	~~9916 SOUTHWEST 218 TERRACE~~	43 STREET ADDRESS	21784 SW 98 PL	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	~~D~~	51 TITLE	ASSISTANT VP.	☒ Change ☐ Addition
NAME	~~SANTOS, MAURO~~	52 NAME	ALBERT ADRENDAS	
STREET ADDRESS	~~10040 SOUTHWEST 221 STREET~~	53 STREET ADDRESS	9916 SW 218 ST	
CITY-ST-ZIP	~~MIAMI FL~~	54 CITY-ST-ZIP	MIAMI, FL 33190	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #