2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90365 012 ****61.25

14004339

DOCUMENT # N01621

1. Entity Name
MONTEGO BAY HOMEOWNERS ASSOCIATION, INC. OF DADE COUNTY

Principal Place of Business	Mailing Address
9780 SW 216 ST MIAMI, FL 33190	9780 SW 216 ST MIAMI, FL 33190

01292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2774543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAIGE, ROBERT E
9500 S. DADELAND BLVD.
SUITE 550
MIAMI, FL 33156

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. I am familiar with, and accept the obligations of registered agent.

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BODENMILLER, ROBERT 9780 S W 216 STREET MIAMI, FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Bodenmiller, Robert 9780 SW 216 St Miami, Fl 33190	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARENDAS, ALBERT 9780 SW 216 STREET MIAMI, FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Arendas, Albert 9780 SW 216 St Miami, Fl 33190	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VON SEGGEN, ELIZABETH 9780 S W 216 STREET MIAMI, FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Von Seggen, Elizabeth 9780 SW 216 St Miami Fl 33190	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VIENER, FRED 9780 S W 216 STREET MIAMI, FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Viener, Fred 9780 SW 216 St Miami, Fl 33190	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS COPA, JIM 9780 S W 216 STREET MIAMI, FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS Copa, Jim 9780 SW 216 St Miami, Fl 33190	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, CHARLES 9780 SW 216 ST MIAMI, FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burns, Charles 9780 SW 216 St Miami, Fl 33190	☐ Change ☐ 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: Elizabeth A Von Seggen 4/11/04 305-232-0354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #