

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90365 012 \*\*\*\*61.25

|                                                                                  |         |                                                              |         |                                                                                   |
|----------------------------------------------------------------------------------|---------|--------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N01621</b>                                                         |         |                                                              |         |  |
| 1. Entity Name<br><b>MONTEGO BAY HOMEOWNERS ASSOCIATION, INC. OF DADE COUNTY</b> |         |                                                              |         |                                                                                   |
| Principal Place of Business<br><b>9780 SW 216 ST<br/>MIAMI, FL 33190</b>         |         | Mailing Address<br><b>9780 SW 216 ST<br/>MIAMI, FL 33190</b> |         |                                                                                   |
| 2. Principal Place of Business                                                   |         | 3. Mailing Address                                           |         |                                                                                   |
| Suite, Apt. #, etc.                                                              |         | Suite, Apt. #, etc.                                          |         |                                                                                   |
| City & State                                                                     |         | City & State                                                 |         |                                                                                   |
| Zip                                                                              | Country | Zip                                                          | Country |                                                                                   |

**14004339**



01292004 Chg-NP CR2E037 (10/03)

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                                                       |  | 7. Name and Address of New Registered Agent                        |  |
| <b>PAIGE, ROBERT E</b><br><b>9500 S. DADELAND BLVD.</b><br><b>SUITE 550</b><br><b>MIAMI, FL 33156</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

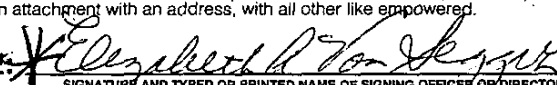
**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BODENMILLER, ROBERT<br>9780 S W 216 STREET<br>MIAMI, FL 33190 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D.<br>Bodenmiller, Robert<br>9780 SW 216 ST<br>MIAMI, FL 33190 <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARENDAS, ALBERT<br>9780 SW 216 STREET<br>MIAMI, FL 33190 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D.<br>Arendas, Albert<br>9780 SW 216 ST<br>MIAMI, FL 33190 <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP.<br>VON SEGGEN, ELIZABETH<br>9780 S W 216 STREET<br>MIAMI, FL 33190 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Von Seggen, Elizabeth<br>9780 SW 216 ST<br>MIAMI, FL 33190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>VIENER, FRED<br>9780 S W 216 STREET<br>MIAMI, FL 33190 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Viener, Fred<br>9780 SW 216 ST<br>MIAMI, FL 33190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>COPA, JIM<br>9780 S W 216 STREET<br>MIAMI, FL 33190 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TS<br>Copa, Jim<br>9780 SW 216 ST<br>MIAMI, FL 33190 <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BURNS, CHARLES<br>9780 SW 216 ST<br>MIAMI, FL 33190 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Burns, Charles<br>9780 SW 216 ST<br>MIAMI, FL 33190 <input type="checkbox"/> Change <input type="checkbox"/> 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/04** **305-232-0354**  
Date Daytime Phone #