2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90204 013 ****61.25

0079036

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

☐ CHECK HERE IF MAKING CHANGES

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
7000 SW 97 AVE
SUITE 209
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name Robert E. Paige Esq.
Street Address (P.O. Box Number is Not Acceptable)
1500 S. Dadeland Boulevard Suite 550
City Miami, Fl. FL Zip Code 33156

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] 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	PD BODENMILLER, ROBERT 9780 S W 216 STREET MIAMI FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert Bodenmiller 9780 SW 216St 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	Director Albert Arendas 9780 SW 216St Miami, Fl. 33190	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD INGERSOL, TODD 9780 S W 216 STREET MIAMI FL 33190	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. President Elizabeth Van Seggern 9780 SW 216 St Miami, Fl. 33190	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIENER, FRED 9780 S W 216 STREET MIAMI FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Fred Viener 9780 SW 216St Miami, Fl. 33190	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COPA, JIM 9780 S W 216 STREET MIAMI FL 33190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Secretary Jim Copa 9780 SW 216St 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	Director Charles Burns 9780 SW 216St Miami, Fl. 33190	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #