2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011610

1. Entity Name
ESTADA AT MONTERRA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
123 NW 13TH ST., SUITE 300 BOCA RATON, FL 33432	123 NW 13TH ST., SUITE 300 BOCA RATON, FL 33432

66010849

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

01292006   Chg-NP   CR2E037 (11/05)
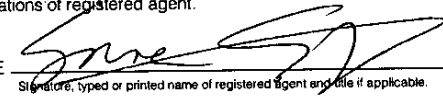
4. FEI Number 20-3922310 | Applied For / Not Applicable

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
JEFFREY R. MARGOLIS, P.A. 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	Name LYNNE GAUDET Street Address (P.O. Box Number is Not Acceptable) 123 NW 13 th St. Suite 300 City BOCA RATON FL Zip Code 33432

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 _____   4-15-06
Signature, typed or printed name of registered agent and title if applicable.   DATE
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2006**	**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	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GAUDET, LYNNE		NAME			
STREET ADDRESS	123 NW 13TH ST., SUITE 300		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP			
TITLE	VSD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	YUTER, RON		NAME			
STREET ADDRESS	123 NW 13TH ST., SUITE 300		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP			
TITLE	TD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BIDWELL, MARK		NAME			
STREET ADDRESS	123 NW 13TH ST., SUITE 300		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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