## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2008 8:00 am Secretary of State

03-07-2008 90030 027 \*\*\*\*61.25

ANNUAL REPORT	
DOCUMENT # N05000011610	A CONTRACTOR

SIGNATURE

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTADA AT MONTERRA HOMEOWNERS' ASSOCIATION, Principal Place of Business 40040348 Mailing Address 123 NW 13TH ST., SUITE 300 123 NW 13TH ST., SUITE 300 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Prime management Suite, Apt. #, etc. 02022008 Chg-NP CR2E037 (12/06) Part of Commerce Blud City & State 4. FEI Number 20-3922310 Applied For Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired П 3348N Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gelfand Jayme GAUDET, LYNNE Number is Not Acceptable)
Managine 17 Grou dress (P.O. Bo CIMC 123 NW 13TH ST SUITE 300 BOCA RATON, FL 33432 commen 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PΠ Delete PIT TITLE ☐ Change Addition caudet, Lynne NAME GAUDET LYNNE NAME 8637 Stirling R STREET ADDRESS 123 NW 13TH ST., SUITE 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP 33328 VSD Delete TITLE Change Addition TITLE YUTER, RON NAME NAME STREET ADDRESS 123 NW 13TH ST., SUITE 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP 33328 TD Delete TITLE Change Addition Dig 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-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplementary port 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 of trusted empowered to execute this pepon 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.