## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED **DOCUMENT # N05000011610** ESTADA AT MONTERRA HOMEOWNERS' ASSOCIATION, 08 JUL -8 AM 8: 37 INC. SEURETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 6300 PARK OF COMMON BLVD 6300 PARK OF COMMON BLVD BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06132008 CR2E037 (12/06) Chg-NP Applied For City & State City & State 4. FEI Numbe 20-3922310 Not Applicable Country \$8.75 Additional Country Zip $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GELFAND, JAYNE Street Address (P.O. Box Number is Not Acceptable) 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 Zip Code City 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** DATE (NOTE: Registered Agent signature required when reinstating) Stonature, typed or printed name of registered egent and title if applicable 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President Itreasurer Change Addition TITLE Delete TITLE GAUDET, LYNNE suarez, Mercedes 8631 String Road NAME NAME 8637 STIRLING RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33328 CITY-ST-7IP caper city for 33328 Vice President Secretary ☐ Change Addition VS TITLE TITLE Delete GOLDSTEIN, LARRY NAME NAME Hillhouse, Paul STREET ADDRESS 8637 STIRLING RD STREET ADDRESS 8637 Stirling Road CITY-ST-ZIP COOPER CITY, FL 33328 CITY-ST-78P Change TD Delete TITLE Oicector. ☐ Addition TITLE 700132922 KELLY, VIRGINIA NAME NAME 07/15/08--01009--001 8637 STIRLING RD STREET ADDRESS STREET ADDRESS \*\*61.25 CITY-ST-ZIP COOPER CITY, FL 33328 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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. 08 SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR SIGNATURE: