

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90298 001 ****23.89
02-12-2007 90298 002 ****23.28
02-12-2007 90298 003 ****14.08

DOCUMENT # N24440

1. Entity Name
**MONTEGO BAY AT BOCA POINTE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8211 W. BROWARD BLVD., PH 1
PLANTATION, FL 33324**

Mailing Address
**8211 W. BROWARD BLVD., PH 1
PLANTATION, FL 33324**

66001265



01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0026949

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FRANK WEINBERG, BLACK, P.L.
7805 SW 6 COURT
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **VD** ☐ Delete
NAME **BROWN, MIRIAM L**
STREET ADDRESS **22759A MANDEVILLE PL**
CITY- ST- ZIP **BOCA RATON, FL 33433**

TITLE **PD** ☐ Change ☒ Addition
NAME **VICTOR BERKOWITZ**
STREET ADDRESS **6761 F MONTEGO BAY BLVD**
CITY- ST- ZIP **BOCA RATON FL 33433**

TITLE **PD** ☐ Delete
NAME **SAYLES, MARCIA**
STREET ADDRESS **22760 E MANDEVILLE PLACE**
CITY- ST- ZIP **BOCA RATON, FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☒ Delete
NAME **MONDSCHIEIN, DAVID**
STREET ADDRESS **6761 C MONTEGO BAY BLVD**
CITY- ST- ZIP **BOCA RATON, FL 33433**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Miriam Brown 2/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #