

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25 1997 8:00am
Secretary of State

DOCUMENT # N29488 (6)

1. Corporation Name

MONTEREY ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13857 WELLINGTON TRAIL
SUITE D-1
WEST PALM BEACH FL 33414
US

13857 WELLINGTON TRAIL
SUITE D-1
WEST PALM BEACH FL 33414
US

2. Principal Place of Business

2a. Mailing Address

21 12765 W. Forest Hill Blvd

26 SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1302

27

City & State

City & State

23 Wellington, FL

28

Zip

Zip

24 33414

25 USA

Country

Country

9. Name and Address of Current Registered Agent
DISTINCTIVE HOMES
13857 WELLINGTON TRAIL
SUITE D-1
WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified
11/30/1988

3a. Date of Last Report
1996

4. FEI Number
65-0120498

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name Michael Nelson

82 12765 W. Forest Hill Blvd

83 SUITE 1302

84 City Wellington

FL

85

Zip Code 33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael H. Nelson* MICHAEL H. NELSON 4/6/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SEHRES, KEN
STREET ADDRESS 934 LAKE WELLINGTON DRIVE
CITY-ST-ZIP WELLINGTON FL

1.1 TITLE
1.2 NAME MICHAEL COHAN
1.3 STREET ADDRESS 13052 SIVOLAN TORRECE
1.4 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE PD
NAME DEVIVO, JOE
STREET ADDRESS 687 LAKE WELLINGTON DRIVE
CITY-ST-ZIP WELLINGTON FL

2.1 TITLE
2.2 NAME 1000022246 F1
2.3 STREET ADDRESS -06/27/97--01005--005
2.4 CITY-ST-ZIP ***61.25

TITLE
NAME NOLAN, PHYLISS
STREET ADDRESS 668 LAKE WELLINGTON DRIVE
CITY-ST-ZIP WELLINGTON FL

3.1 TITLE PRESIDENT/D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME CHANEY, MEL
STREET ADDRESS 890 LAKE WELLINGTON DRIVE
CITY-ST-ZIP WELLINGTON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME KREGER, BAIBA
STREET ADDRESS 633 LAKE WELLINGTON DRIVE
CITY-ST-ZIP WELLINGTON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE AS
6.2 NAME Michael Nelson
6.3 STREET ADDRESS 12765 W Forest Hill Blvd Ste 1302
6.4 CITY-ST-ZIP Wellington, FL 33414

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE: *Michael H. Nelson* 4/25/97 861-793-7266

CR2E037 (12/95)