

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29488** (6)
1. Corporation Name
MONTEREY ON THE LAKE HOMEOWNERS' ASSOCIATION, IN C.



Principal Place of Business	Mailing Address
12765 W. FOREST HILL BLVD. SUITE 1302 WELLINGTON FL 33414 US	13857 WELLINGTON TRAIL SUITE D-1 WEST PALM BEACH F: 33414 US

3. Date Incorporated or Qualified	11/30/1988
4. FEI Number	65-0120498
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
NELSON, MICHAEL
12765 W. FOREST HILL BLVD.
SUITE 1302
WELLINGTON FL 33414

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	COHAN, MICHAEL
STREET ADDRESS	13052 SHORIDAN TERRACE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> DELETE
NAME	AS NELSON, MICHAEL
STREET ADDRESS	12765 W. FOREST HILL BLVD., SUITE 1302
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD NOLAN, PHYLISS
STREET ADDRESS	688 LAKE WELLINGTON DRIVE
CITY-ST-ZIP	WELLINGTON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD CHANEY, MEL
STREET ADDRESS	890 LAKE WELLINGTON DRIVE
CITY-ST-ZIP	WELLINGTON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D/T KREGER, BAIBA
STREET ADDRESS	633 LAKE WELLINGTON DRIVE
CITY-ST-ZIP	WELLINGTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	AS NELSON, MICHAEL
STREET ADDRESS	12765 W FOREST HILL BLVD STE 1302
CITY-ST-ZIP	WELLINGTON FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOW SHIRAZ POUR
3.3 STREET ADDRESS	12765 W FOREST HILL BLVD #1302
3.4 CITY-ST-ZIP	WELLINGTON FL 33414
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D/T MICHAEL NELSON
4.3 STREET ADDRESS	12765 W FOREST HILL BLVD #1302
4.4 CITY-ST-ZIP	WELLINGTON FL 33414
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/T JACK BADALAMONTI
5.3 STREET ADDRESS	12765 W FOREST HILL BLVD #1302
5.4 CITY-ST-ZIP	WELLINGTON FL 33414
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D/DONNA GLADOR
6.3 STREET ADDRESS	12765 W FOREST HILL BLVD #1302
6.4 CITY-ST-ZIP	WELLINGTON FL 33414

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/15/98 103 561-793-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)