

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90084 049 \*\*\*\*61.25

**DOCUMENT # N29488**

1. Corporation Name

**MONTEREY ON THE LAKE HOMEOWNERS' ASSOCIATION, IN  
C.**

Principal Place of Business

12765 W. FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON FL 33414  
US

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/30/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0120498

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELSON, MICHAEL**  
12765 W. FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON FL 33414

81 Name

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

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **COHAN, MICHAEL**  
CITY-ST-ZIP **13052 SHORIDAN TERRACE**  
**WELLINGTON FL 33414**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **NELSON, MICHAEL**  
CITY-ST-ZIP **12765 W. FOREST HILL BLVD., SUITE 1302**  
**WELLINGTON FL 33414**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **CHIRAZBOUR, BEN**  
CITY-ST-ZIP **12765 W. FOREST HILL BLVD. #1302**  
**WELLINGTON FL 33414**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **D**  
3.3 STREET ADDRESS **Calchi, Angelo**  
3.4 CITY-ST-ZIP **12765 W. Forest Hill Blvd Ste 1302**  
**Wellington, Fla. 33414**

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **HAYES, MICHAEL**  
CITY-ST-ZIP **12765 W. FOREST HILL BLVD. #1302**  
**WELLINGTON FL 33414**

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

TITLE ☐ DELETE  
NAME **DVP**  
STREET ADDRESS **BADALAMONTI, JACK**  
CITY-ST-ZIP **12765 W. FOREST HILL BLVD. #1302**  
**WELLINGTON FL 33414**

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **GLADER, DONNA**  
CITY-ST-ZIP **12765 W. FOREST HILL BLVD.**  
**WELLINGTON FL 33414**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 a 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 as an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

561-793-7266

Date

Daytime Phone #

CR2E037 (1/98)