

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90059 007 \*\*\*\*61.25

**DOCUMENT # N29488**

1. Entity Name

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

Principal Place of Business

Mailing Address

~~12765 W. FOREST HILL BLVD.-#1302~~  
~~%DISTINCTIVE HOMES~~  
~~WELLINGTON FL 33414~~  
~~US~~

~~12765 W. FOREST HILL BLVD.-#1302~~  
~~%DISTINCTIVE HOMES~~  
~~WELLINGTON FL 33414~~  
~~US~~

2. Principal Place of Business

**12785 W. FOREST HILL BLVD.**

3. Mailing Address

**12785 W. FOREST HILL BLVD.**

Suite, Apt. #, etc.

**C**

Suite, Apt. #, etc.

**C**

City & State

**WELLINGTON, FL**

City & State

**WELLINGTON, FL**

Zip

**33414**

Country

**US**

Zip

**33414**

Country

**US**

4. FEI Number

**65-0120498**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, MICHAEL**  
**12765 W. FOREST HILL BLVD.-#1302**  
**C/O DISTINCTIVE HOMES**  
**WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

**CAROLYN BROWN**  
**C/O WELLINGTON MANAGEMENT, INC.**  
**12785 - C W. FOREST BLVD.**  
**WELLINGTON, FL 33414**

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.

SIGNATURE

**CAROLYN BROWN, PROPERTY MGR.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/16/01**

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHAN, MICHAEL 13052 SHORIDAN TERRACE WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NELSON, MICHAEL 12765 W. FOREST HILL BLVD., SUITE 1302 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALCHI, ANGELO 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CZERNAK, ANTHONY 13034 SHERIDAN TERR WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BADALAMONTI, JACK 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLADER, DONNA 12765 W. FOREST HILL BLVD. WELLINGTON FL 33414	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTELLA, ANTHONY 794 LAKE WELLINGTON DR. WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

**CAROLYN BROWN, PROPERTY MGR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)