

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90003 026 ****61.25

DOCUMENT # N29488

1. Entity Name

MONTEREY ON THE LAKE HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

12785 W. FOREST HILL BLVD.- SUITE C
 WELLINGTON FL 33414
 U.S.

12785 W. FOREST HILL BLVD.- SUITE C
 WELLINGTON FL 33414
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

~~BROWN, CAROLYN~~
 12785 W. FOREST HILL BLVD. SUITE C
 C/O WELLINGTON MANAGEMENT
 WELLINGTON FL 33414

Name John Newsome

Street Address (P.O. Box Number is Not Acceptable)
12785-C Forest Hill Blvd.

City Wellington

FL

Zip Code 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALCHI, ANGELO <input type="checkbox"/> Delete 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTELLA, ANTHONY <input checked="" type="checkbox"/> Delete 794 LAKE WELLINGTON DR WELLINGTON FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BADALAMONTI, JACK <input type="checkbox"/> Delete 12765 W. FOREST HILL BLVD. #1302 WELLINGTON FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLADER, DONNA <input type="checkbox"/> Delete 12765 W. FOREST HILL BLVD. WELLINGTON FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anthony Montella <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 794 Lake Wellington Dr. Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Josey Gerould <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 615 Lake Wellington Dr. Wellington, FL 33414
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

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:

SIGNATURE REQUIRED

CR2E037 (9/01)