
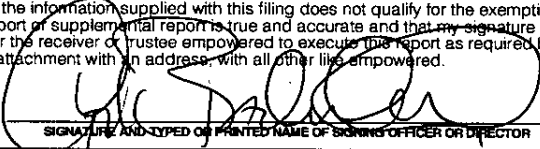


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90549 027 ****61.25

DOCUMENT # N29488 1. Entity Name MONTEREY ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US			Mailing Address 3461-B FAIRLANE FARMS RD. 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VP				
NAME	MONTELLA, ANTHONY <input checked="" type="checkbox"/> Delete				
STREET ADDRESS	794 LAKE WELLINGTON DR				
CITY-ST-ZIP	WELLINGTON, FL 33414				
TITLE	T <input type="checkbox"/> Delete				
NAME	CALCHI, ANGELO				
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302				
CITY-ST-ZIP	WELLINGTON, FL 33414				
TITLE	D <input type="checkbox"/> Delete				
NAME	JOSEY, GEROULD				
STREET ADDRESS	615 LAKE WELLINGTON DR				
CITY-ST-ZIP	WELLINGTON, FL 33414				
TITLE	PD <input type="checkbox"/> Delete				
NAME	BADALAMONTI, JACK				
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302				
CITY-ST-ZIP	WELLINGTON, FL 33414				
TITLE	S <input type="checkbox"/> Delete				
NAME	GLADER, DONNA				
STREET ADDRESS	12765 W. FOREST HILL BLVD.				
CITY-ST-ZIP	WELLINGTON, FL 33414				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Michael Liberta				
STREET ADDRESS	878 Lake Wellington Dr				
CITY-ST-ZIP	Wellington, FL 33414				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3/28/04				Daytime Phone # _____	