
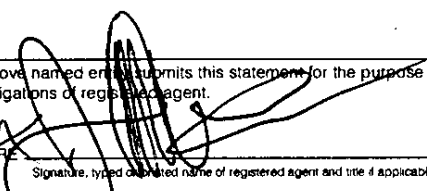
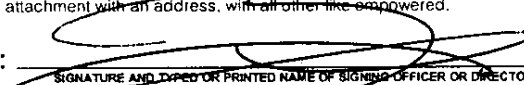


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90011 006 ****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 - No P.O. Box # <i>Wellington Montine Farms</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>3461-B Fairlane Rd</i>		Suite, Apt. #, etc. <i>Same</i>	
City & State <i>Wellington FL</i>		City & State <i>Same</i>	
Zip <i>33414</i>	Country <i>USA</i>	Zip <i>Same</i>	Country
4. FEI Number 65-0120498		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name <i>NEWSOME John</i> Street Address (P.O. Box Number is Not Acceptable) <i>3461-B Fairlane Farms Rd</i> City <i>Wellington</i> FL Zip Code <i>33414</i>	
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:  (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LIBERTA, MICHAEL 878 LAKE WELLINGTON DR. WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Liberta, Michael 878 LAKE WELLINGTON DR Wellington, FL, 33414 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALCHI, ANGELO 12765 W. FOREST HILL BLVD. #1302 WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diabain, Audrey 765 LAKE WELLINGTON DRIVE Wellington, FL, 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, WILLIAM 13039 SHERIDAN TERRACEW WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNETT MARK 777 LAKEWELLINGTON DR Wellington, FL, 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLEDA, ELIAS 626 LAKE WELLINGTON DR WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEROULD, GLEN 615 LAKE WELLINGTON DRIVE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pesselli, Joreste 13051 SHERIDAN TERR Wellington, FL, 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerould, Josie 615 LAKE WELLINGTON DR Wellington, FL, 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 3-7-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	