

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90026 044 \*\*\*\*61.25

**DOCUMENT # N48018**

1. Entity Name

**MONTEGO BAY TOWNHOUSE HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business

**2910 PORT ROYALE LN  
FT LAUDERDALE FL 33308**

Mailing Address

**2910 PORT ROYALE LN  
FT LAUDERDALE FL 33308**

**24024107**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0380937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BERZNER, STEVEN L ESQ  
1040 BAYVIEW DRIVE SUITE 605  
FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

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

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TAPP, THOMAS L  
STREET ADDRESS 2912 PORT ROYAL LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VP ☒ Delete  
NAME TAPP, THOMAS L  
STREET ADDRESS 2912 PORT ROYAL LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE PD ☐ Delete  
NAME AVERBACH, MURIEL  
STREET ADDRESS 2914 PORT ROYAL LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE S ☐ Delete  
NAME NIKIFOROS, KIRSTA  
STREET ADDRESS 2916 PORT ROYAL LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE PD ☐ Delete  
NAME SCOTT, JUDITH  
STREET ADDRESS 2932 PORT ROYAL LN  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ Delete  
NAME BYAL, JANE  
STREET ADDRESS 2913 PORT ROYAL LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP ☒ Change ☐ Addition  
NAME RICHARD BRISTOL  
STREET ADDRESS 2922 PORT ROYAL LANE  
CITY-ST-ZIP FT. LAUD. FL 33308

D ☐ Change ☒ Addition  
NAME LINDA ROWLAND  
STREET ADDRESS 2920 PORT ROYAL LANE  
CITY-ST-ZIP FT. LAUD. FL 33308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Judith I Scott, Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/04*  
Date

*954-491-1373*  
Daytime Phone #