


FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90006 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000003502

1. Corporation Name
MONTAUCK HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business SUNSET POINT DRIVE WELLINGTON FL 33414	Mailing Address 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487
--	--



2. Principal Place of Business		3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	Sunset Point Homeowners Assoc. P.O. Box 210876	07/18/1994
22. City & State	West Plam Beach, FL 33421	4. FEI Number
23. Zip	Country	65-0670782
24. Zip	25. Country	Applied For
26. Zip	28. Country	Not Applicable
29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COMMUNITY ASSO 951 BROKEN SOUND SUITE 250 BOCA RATON FL 33487	C M C Inc. 2994 Jog Rd., Suite B Greenacres, FL 33467	81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0592 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Scott A. Gausch DATE: 6-10-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANSETTA, TONY		1.2 NAME		
STREET ADDRESS	12059 SUNSET POINT CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIMER, JAN		2.2 NAME		
STREET ADDRESS	12293 SUNSET POINT LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		2.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOW, MIKE		3.2 NAME		
STREET ADDRESS	12192 SUNSET POINT CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINOR, LLOYD		4.2 NAME		
STREET ADDRESS	12284 SUNSET POINT LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIACZON, MYRON		5.2 NAME		
STREET ADDRESS	12103 SUNSET POINT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. McLeod DATE: 5/12/99 DAYTIME PHONE #: 561-753-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)