

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90285 026 \*\*\*\*61.25

DOCUMENT # N94000003502

1. Entity Name  
MONTAUC HARBOR Homeowners ASSC

Principal Place of Business  
 DISTINCTIVE HOMES  
 12765 W. FOREST HILL SUITE 1302  
 WELLINGTON FL 33414  
 US

Mailing Address  
 DISTINCTIVE HOMES  
 12765 W. FOREST HILL SUITE 1302  
 WELLINGTON FL 33414-4781  
 US

2. Principal Place of Business  
Distinctive Homes  
 Suite, Apt. #, etc.  
12765 W Forest Hills Blvd #1302

3. Mailing Address  
Distinctive Homes  
 Suite, Apt. #, etc.  
12765 W Forest Hills Blvd #1302

City & State  
Wellington

City & State  
Wellington FL

4. FEI Number  
65-0670782

Applied For  
 Not Applicable

Zip  
33414

Country  
USA

Zip  
33414

Country  
USA

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

NELSON, MICHAEL  
 C/O DISTINCTIVE HOMES  
 12765 W. FOREST HILL SUITE 1302  
 WELLINGTON FL 33414

Name  
Nelson, Michael  
 Street Address (P.O. Box Number is Not Acceptable)  
c/o Distinctive Homes  
12765 W Forest Hills Blvd #1302  
 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] MS 4/28/00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW**  
**FEES \$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	<u>PO</u> <u>Fransetta, Tony</u> <u>12059 Sunset Point Ct</u> <u>Wellington, FL 33414</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>Weimer, Jan</u> <u>12293 Sunset Point Lane</u> <u>Wellington FL 33414</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>Manlow, Mike</u> <u>12192 Sunset Point Cr.</u> <u>Wellington, FL 33414</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>IO</u> <u>Minor, Lloyd</u> <u>12284 Sunset Point Ln</u> <u>Wellington, FL 33414</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Diazon, Myron</u> <u>12103 Sunset Point Dr.</u> <u>Wellington, FL 33414</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>YUHASZI, ROBERT</u> <u>12392 Sunset Point Lane</u> <u>Wellington, FL 33414</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>WEIMER, JAN</u> <u>12293 Sunset Point</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>WOOLCOCK, RICHIE</u> <u>12109 Sunset Point Dr</u> <u>Wellington, FL 33414</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>MINOR, Lloyd</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>REUNER, KLAUS</u> <u>12191 Sunset Point Dr</u> <u>Wellington, FL 33414</u>	<input type="checkbox"/> Change <input checked="" 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] MS 4/28/00 562-773-7266  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

#N94000003502  
A0053685

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ATTN DEAN

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4/28/00 CORPORATE DETAIL RECORD SCREEN 11:30 AM  
 NUM: N94000003502 ST:FL ACTIVE/FL NON-PROF FLD: 07/18/1994  
 LAST: REINSTATEMENT FLD: 05/30/1997  
 FEI#: 65-0670782  
 NAME : MONTAUCK HARBOR HOMEOWNERS ASSOCIATION, INC.  
 PRINCIPAL: SUNSET POINT DRIVE CHANGED: 05/30/97  
 ADDRESS WELLINGTON, FL 33414  
 MAILING : SUNSET POINT HOMEOWNERS ASSOC CHANGED: 05/27/99  
 ADDRESS P.O. BOX 210876  
 WEST PALM BEACH, FL 33421  
 RA NAME : CMC INC NAME CHG: 05/27/99  
 RA ADDR : 2994 JOG RD ADDR CHG: 05/27/99  
 STE B  
 GREENACRES, FL 33467  
 ANN REP : (1997) I 05/30/97 (1998) B 04/16/98 (1999) A 05/27/99

4/28/00 OFFICER/DIRECTOR DETAIL SCREEN 11:30 AM  
 CORP NUMBER: N94000003502 CORP NAME: MONTAUCK HARBOR HOMEOWNERS ASSOCIATION,  
 TITLE: PD NAME: FRANSETTA, TONY  
 12059 SUNSET POINT CT  
 WELLINGTON, FL 33414  
 TITLE: VPD NAME: WEIMER, JAN  
 12293 SUNSET POINT LANE  
 WELLINGTON, FL 33414  
 TITLE: STD NAME: MARLOW, MIKE  
 12192 SUNSET POINT CIR  
 WELLINGTON, FL 33414  
 TITLE: D NAME: MINOR, LLOYD  
 12284 SUNSET POINT LN  
 WELLINGTON, FL 33414  
 TITLE: D NAME: DIACZON, MYRON  
 12103 SUNSET POINT DR  
 WELLINGTON, FL 33414

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----