

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, Rickie</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

ATTN DEAN

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 -----