

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 10, 2001 8:00 am
Secretary of State

02-07-2001 90173 024 ****61.25

DOCUMENT # N94000003502

1. Entity Name

MONTAUCK HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

12765 W. FOREST HILLS BLVD. #1302
 WELLINGTON FL 33414

Mailing Address

12765 W. FOREST HILLS BLVD. #1302
 WELLINGTON FL 33414

35204 - - -

2. Principal Place of Business

12785 W. Forest Hill Blvd.

3. Mailing Address

12785 W FOREST HILL BLVD.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

C

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

4. FEI Number

65-0670782

Applied For

Not Applicable

Zip

33414

Country

US

Zip

33414

Country

U.S

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

CMC INC
 2994 JOG RD
 STE B
 GREENACRES FL 33467

Name **CAROLYN BROWN**

Street Address (P.O. Box Number is Not Acceptable)
 410 WELLINGTON REGMT.

12785-C W FOREST HILL BLVD.

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

CAROLYN BROWN PROPERTY MGR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/01

DATE

**FILE NOW:
 FEE IS \$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 ~~RD~~
 NAME ~~FRANSETTA, TONY~~
 STREET ADDRESS ~~12059 SUNSET POINT CT~~
 CITY-ST-ZIP ~~WELLINGTON FL 33414~~ Delete

TITLE Change Addition

TITLE ~~VPD~~
 NAME ~~WEIMER, JAN~~
 STREET ADDRESS ~~12293 SUNSET POINT LANE~~
 CITY-ST-ZIP ~~WELLINGTON FL 33414~~ Delete

TITLE **PRESIDENT** Change Addition

TITLE ~~STD~~
 NAME ~~MARLOW, MIKE~~
 STREET ADDRESS ~~12192 SUNSET POINT CIR~~
 CITY-ST-ZIP ~~WELLINGTON FL 33414~~ Delete

TITLE **DIRECTOR** Change Addition
 NAME **KLAUS REUNER**
 STREET ADDRESS **12191 SUNSET-POINTE CIR**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ~~D~~
 NAME ~~MINOR, LLOYD~~
 STREET ADDRESS ~~12284 SUNSET POINT LN~~
 CITY-ST-ZIP ~~WELLINGTON FL 33414~~ Delete

TITLE **Secretary/Treasurer** Change Addition

TITLE ~~D~~
 NAME ~~DIACZON, MYRON~~
 STREET ADDRESS ~~12103 SUNSET POINT DR~~
 CITY-ST-ZIP ~~WELLINGTON FL 33414~~ Delete

TITLE **DIRECTOR** Change Addition
 NAME **RITCHIE WOOLCOCK**
 STREET ADDRESS **12109 SUNSET POINTE DR.**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE Delete

TITLE Change 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)