

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0033379

DOCUMENT # N94000003502

1. Entity Name

MONTAUCK HARBOR HOMEOWNERS ASSOCIATION, INC.

02-11-2002 90102 024 ****61.25

Principal Place of Business

Mailing Address

12785 W. FOREST HILLS BLVD. #C
 WELLINGTON FL 33414

12785 W. FOREST HILLS BLVD. #C
 WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0670782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CAROLYN
C/O WELLINGTON MANAGEMENT
12785 C W FOREST HILLS BLVD.
WEST PALM BEACH FL 33414

Name **John Newsome**

Street Address (P.O. Box Number is Not Acceptable)
12785-C 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

[Signature]

John Newsome

1-8-02

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	WEIMER, JAN	
STREET ADDRESS	12293 SUNSET POINT LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REUNER, KLAUS	
STREET ADDRESS	12191-SUNSET-POINTE CIR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MINOR, LLOYD	
STREET ADDRESS	12284 SUNSET POINT LN	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOLCOCK, RITCHIE	
STREET ADDRESS	12109 SUNSET POINTE DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Adams	
STREET ADDRESS	12139 Sunset Point Circle	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myron Diaczum	
STREET ADDRESS	12103-Sunset Point Circle	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hazel "Chris" Killen	
STREET ADDRESS	12215 Sunset Point Circle	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 861-799-7769

CR2E037 (9/01)