
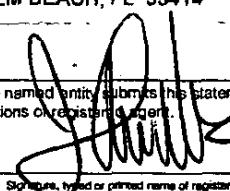
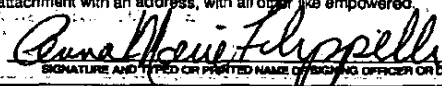


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90049 015 \*\*\*\*61.25

<b>DOCUMENT # N9400003502</b>			
1. Entity Name <b>MONTAUCK HARBOR HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 12785 W. FOREST HILLS BLVD. #C WELLINGTON, FL 33414		Mailing Address 12785 W. FOREST HILLS BLVD. #C WELLINGTON, FL 33414	
2. Principal Place of Business <b>Wellington Mgmt</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>3461-B Fairlane Farms Rd</b>		Suite, Apt. #, etc. <b>Same</b>	
City & State <b>Wellington FL</b>		City & State <b>Wellington FL</b>	
Zip <b>33414</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>NEWSOME, JOHN</b> <b>12785-C FOREST HILL BLVD</b> <b>WEST PALM BEACH, FL 33414</b>		7. Name and Address of New Registered Agent Name: <b>John Newsome</b> Street Address (P.O. Box Number is Not Acceptable): <b>Wellington Management</b> <b>3461-B Fairlane Farms Rd</b> City: <b>Wellington</b> FL Zip Code: <b>33414</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: <b>3-10-04</b>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees. <input type="checkbox"/> Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>P</b> NAME: <b>KATTEL, BT</b> STREET ADDRESS: <b>12197 SUNSET POINT CIRCLE</b> CITY-ST-ZIP: <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete	TITLE: <b>P</b> NAME: <b>BT Kattel</b> STREET ADDRESS: <b>12197 sunset point circle</b> CITY-ST-ZIP: <b>Wellington FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>STD</b> NAME: <b>MARIE FILIPPELLI ANNA</b> STREET ADDRESS: <b>12253 SUNSET POINT CIRCLE</b> CITY-ST-ZIP: <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete	TITLE: <b>T</b> NAME: <b>Anna Marie Filippelli</b> STREET ADDRESS: <b>11257 sunset point circle</b> CITY-ST-ZIP: <b>Wellington FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>ADAMS, JOSEPH</b> STREET ADDRESS: <b>12139 SUNSET POINT CIRCLE</b> CITY-ST-ZIP: <b>WELLINGTON, FL 33414</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>VP</b> NAME: <b>Lloyd Minor</b> STREET ADDRESS: <b>122074 sunset point lane</b> CITY-ST-ZIP: <b>Wellington, FL 33414</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>VPD</b> NAME: <b>KILLEN, HAZEL (CHRIS)</b> STREET ADDRESS: <b>12215 SUNSET POINT CIRCLE</b> CITY-ST-ZIP: <b>WELLINGTON, FL 33414</b>	<input type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>(Chris) Hazel Killen</b> STREET ADDRESS: <b>12215 sunset point circle</b> CITY-ST-ZIP: <b>Wellington FL 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>S</b> NAME: <b>Ritchie Woolcock</b> STREET ADDRESS: <b>12109 sunset point dr</b> CITY-ST-ZIP: <b>Wellington FL 33414</b>	<input type="checkbox"/> Delete	TITLE: <b>S</b> NAME: <b>Ritchie Woolcock</b> STREET ADDRESS: <b>12109 sunset point dr</b> CITY-ST-ZIP: <b>Wellington FL 33414</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>S</b> NAME: <b>Ritchie Woolcock</b> STREET ADDRESS: <b>12109 sunset point dr</b> CITY-ST-ZIP: <b>Wellington FL 33414</b>	<input type="checkbox"/> Delete	TITLE: <b>S</b> NAME: <b>Ritchie Woolcock</b> STREET ADDRESS: <b>12109 sunset point dr</b> CITY-ST-ZIP: <b>Wellington FL 33414</b>	<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: 		DATE: <b>3-31-04</b> DAYTIME PHONE: <b>561-686-8010</b>	