

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90073 029 ****61.25

DOCUMENT # N96000000067

1. Entity Name

MONTERREY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

980 CAPE MARCO DR
MARCO ISLAND FL 34145

Mailing Address

980 CAPE MARCO DR
MARCO ISLAND FL 34145

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

65-0633958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMOUCÉ, ROBERT M ESQ.
SAMOUCÉ, MURRELL, & GAL, P.A.
800 LAUREL OAK DR. #300
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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

5405 PARK CENTRAL CT.

City

NAPLES

FL

Zip Code

34109

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

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME S
STREET ADDRESS BROUSIL, JAMES
CITY-ST-ZIP 980 CAPE MARCO DR. #502
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME P
STREET ADDRESS BERGMANN, RICHARD
CITY-ST-ZIP 980 CAPE MARCO DR #603
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME VPD
STREET ADDRESS CIOFFI, JOE
CITY-ST-ZIP 980 CAPE MARCO DR., #1008
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME D
STREET ADDRESS LARSEN, LEN
CITY-ST-ZIP 980 CAPE MARCO DR., #1106
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME T
STREET ADDRESS CATANESE, CHRIS
CITY-ST-ZIP 980 CAPE MARCO DR #808
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/05 239-642-6809