


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90031 029 \*\*\*\*61.25

<b>DOCUMENT # N98000003542</b>					
1. Entity Name <b>THE MONTEREY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 3723 EAST C-30A SEAGROVE BEACH, FL 32459 US			Mailing Address P O BOX 4673 SANTA ROSA BEACH, FL 32459 US		
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 <b>59-3569255</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARRETT REALTY SERVICES, INC 3723 EAST C-30A SANTA ROSA BEACH, FL 32459				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROPHET, DALE		NAME		
STREET ADDRESS	3808 BROOKSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36303		CITY-ST-ZIP		
TITLE	VDP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PITTMAN, LES		NAME		
STREET ADDRESS	3101 FERNWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 36111		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMB, JOHN		NAME		
STREET ADDRESS	1456 THREE PINE PLACE		STREET ADDRESS		
CITY-ST-ZIP	LILBURN, GA 30047		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARVEY, JACKIE		NAME	STD ROBERT COPAEDGE	
STREET ADDRESS	825 LAKERIDGE DR.		STREET ADDRESS	120 WEST WIEUCA ROAD, SUITE 100 B	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	ATLANTA, GA 30342	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POPE, LORRIE		NAME	D LARRY KELLY	
STREET ADDRESS	93 VALLEY BROOK DR.		STREET ADDRESS	875 CREST VALLEY DR., NW	
CITY-ST-ZIP	HENDERSONVILLE, TN 37075		CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Dale Prophet</i>		Date: 1/26/05		Daytime Phone #: 334-793-9564	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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