FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N48018

(8)

DOCUMENT # MONTEGO BAY TOWNHOUSE HOMEOWNER'S ASSOCIATION, I Principal Place of Business Mailing Address 2910 PORT ROYALE LN 2910 PORT ROYALE LN FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 2a. Mailing Address 21 26

65-0380937 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 9. Name and Address of Current Registered Agent

BERZNER, STEVEN L 840 NE 20 AVE FT LAUDERDALE FL 33304

	Florida Statutes
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

3. Date Incorporated or Qualified 03/20/1992

4. FEI Number

3a. Date of Last Report 04/19/1995

Applied For

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typod or printed name of registered agent and title if a	nol cable (NOTE	: Registered Agent signature r	revised when scinetative	DATE.		
12.	OFFICERS AND DIREC	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
THLF	SD	DELETE	1.1 TITLE			Change	Addition
NAME	MADIO, FRANCES		1.2 NAME	MADELINE L	15 AND Y		
STREET ADDRESS	2914 PORT ROYALE LANE		1.3 STREET ADDRESS	2924 PORT RO	y Ala Lience		
CiTY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	MADELINE I 2924 POAT ROS FLANCIENDA	E, Fla		
TITLE	D	DELETE	2 1 TITLE	PD		Change	Addition
NAME	HOTTE, DANIEL		2 2 NAME	Hatte Dealie		•	
STREET ADDRESS	2912 PORT ROYALE LANE		2 3 STREET ADDRESS	Hotte, DANIE	INE LANE		
CITY-ST-ZIP	ft. Lauderdale fl		2 4 CiTY - ST - ZIP	FI LAMA LEXICAL	Fla.		
TITLE	ASTD	⊠ 0ELETE	3 1 TITLE	TU.	· / / / /	Change	Addition
NAME	SCHLEENBAKER, DOUGLAS L		3.2 NAME	Richard Ben	stol	_	
STREET ADDRESS	2915 PORT ROYALE LANE		3 3 STREET ADDRESS	2922 Post Re	Y ALE LANG		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY - ST - ZIP	Ft. LANderd	HAI KA		
TIILE	PD	DELETE	4.1 THTLE	D		Change	Addition
NAME (CASE, CY		4. 2 NAME	Cu CASE			
STREET ADDRESS	2917 PORT ROYALE LANE		4.3 STREET ADDRESS	2917 Post Re	YALF LANE		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - ST - ZIP	F. LAUdenda	·		
THLE	TD	DELETE	5.1 TITLE	D	Г	Change	Addition
NAME	MILO, SANDY		5.2 NAME	Keith BRICK	?#//		_
STHEET ADDRESS	2919 PORT ROYALE LANE		5 3 STREET ADDRESS	2934 Port K	COUNT LANG		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY - ST - ZIP	Fel. Landond	lo F/4.	•	
TITLE		DELETE	61 TITLE		k L	Change	Addition
NAME			62 NAME				
STREET ADDRESS			C 2 CTOECT ADDRESS				

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

64 CITY - ST - ZIP

CITY-ST-ZIP

J. CASE Director 3-31-96 (954) 771-3500 OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)