

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48018 (8)

1. Corporation Name
MONTEGO BAY TOWNHOUSE HOMEOWNERS'S ASSOCIATION, INC.

Principal Place of Business
2910 Port Royale Lane
Ft. Lauderdale Fla 33308

Mailing Address
2910 Port Royale Lane
Ft. Lauderdale Fla 33308

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1992	3a. Date of Last Report 03/31/96
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0380937		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERZNER, STEVEN L, ESQ. P.A. 1040 Bayview Drive, Suite 605 Fort Lauderdale, Florida 33304		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRISTOL, RICHARD		12 NAME	
STREET ADDRESS 2922 PORT ROYALE LANE		13 STREET ADDRESS	
CITY- ST- ZIP FT. LAUDERDALE, FLA		14 CITY- ST- ZIP	
TITLE SD	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MITZI DELANEY		22 NAME	
STREET ADDRESS 2924 PORT ROYALE LANE		23 STREET ADDRESS	
CITY- ST- ZIP FT. LAUDERDALE, FLA		24 CITY- ST- ZIP	
TITLE TD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILO, SANDRA		32 NAME	
STREET ADDRESS 2919 PORT ROYALE LANE		33 STREET ADDRESS	
CITY- ST- ZIP FT. LAUDERDALE, FLA		34 CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASE, CY		42 NAME	
STREET ADDRESS 2917 PORT ROYALE LANE		43 STREET ADDRESS	
CITY- ST- ZIP FT. LAUDERDALE, FLA		44 CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOTTE, DANIEL		52 NAME	
STREET ADDRESS 2912 PORT ROYALE LANE		53 STREET ADDRESS	
CITY- ST- ZIP FT. LAUDERDALE, FLA		54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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14. I do 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 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.

SIGNATURE:  **SANDRA A. MILO, Treasurer/Director 3/24/97 (954) 566-0877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E037 (9/96)