


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90024 003 \*\*\*\*61.25

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|--|--|---|--|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                    |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N48018</b>   |  |   |  |  |  |
| 1. Corporation Name<br><b>MONTEGO BAY TOWNHOUSE HOMEOWNER'S ASSOCIATION, I NC.</b> |  |   |  |  |  |
| Principal Place of Business<br>2910 PORT ROYALE LN<br>FT LAUDERDALE FL 33308       |  |   | Mailing Address<br>2910 PORT ROYALE LN<br>FT LAUDERDALE FL 33308 |  |  |



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>03/20/1992<br>4. FEI Number<br>65-0380937<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
|---|--|--|--|--|--|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>FRAZIER, HOLLE & ASSOCI P<br>HOTTE, JOHN<br>2400 E COMMERCIAL BLVD, 826<br>FT LAUDERDALE FL 33308 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       |  |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|----------------------------|-----------------------|--|--------------------|---|--|--|--|
| TITLE                      | PD                    | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE          | PD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | BRISTOL, RICHARD      |  | 1.2 NAME           | JOHN HOTTE  |  |  |  |
| STREET ADDRESS             | 2922 PORT ROYALE LANE |  | 1.3 STREET ADDRESS | 29 28 PORT ROYALE LANE                                |  |  |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL     |  | 1.4 CITY-ST-ZIP    | FT. LAUDERDALE, FL                                    |  |  |  |
| TITLE                      | SD                    | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE          | SD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | PETERSON, CYNTHIA     |  | 2.2 NAME           | MARY HARTMAN  |  |  |  |
| STREET ADDRESS             | 2930 PRT ROYALE LN    |  | 2.3 STREET ADDRESS | 2926 PORT ROYALE LANE                                 |  |  |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL     |  | 2.4 CITY-ST-ZIP    | FT. LAUDERDALE, FL.                                   |  |  |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE            | 3.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | ROWLAND, EDWARD       |  | 3.2 NAME           | SAME  |  |  |  |
| STREET ADDRESS             | 2920 PORT ROYALE LN   |  | 3.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | FT LAUDERDALE FL      |  | 3.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE            | 4.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | BYAL, JANE            |  | 4.2 NAME           | SAME  |  |  |  |
| STREET ADDRESS             | 2913 PORT ROYALE LN   |  | 4.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL     |  | 4.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      | TD                    | <input type="checkbox"/> DELETE            | 5.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | SCOTT, JUDITH         |  | 5.2 NAME           | SAME  |  |  |  |
| STREET ADDRESS             | 2932 PORT ROYALE LN   |  | 5.3 STREET ADDRESS |   |  |  |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL     |  | 5.4 CITY-ST-ZIP    |   |  |  |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE            | 6.1 TITLE          | PEARL GEIGER  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       | SANCHEZ, GEORGE       |  | 6.2 NAME           | 2911 PORT ROYALE LANE                                 |  |  |  |
| STREET ADDRESS             | 2918 PORT ROYALE LN   |  | 6.3 STREET ADDRESS | FT. LAUDERDALE, FL.                                   |  |  |  |
| CITY-ST-ZIP                | FT. LAUD. FL          |  | 6.4 CITY-ST-ZIP    |   |  |  |  |

14. 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 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, with all other like empowered.

**SIGNATURE:**

*Signature of Judith T. Scott* 3/6/99 954-491-1373