

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

07-19-2006 90002 015 ****61.25

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1. Entity Name

MONTEGO BAY TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

2910 PORT ROYALE LN
FT LAUDERDALE, FL 33308

Mailing Address

2910 PORT ROYALE LN
FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE



02032006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0380937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERZNER, STEVEN L ESQ
1040 BAYVIEW DRIVE SUITE 605
FORT LAUDERDALE, FL 33304

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IN THIS SPACE**

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

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TAPP, THOMAS L
STREET ADDRESS 2912 PORT ROYAL LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE PD
NAME MILO, SANDRA
STREET ADDRESS 2919 PORT ROYALE LA
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE D
NAME HUNT, CHERYL
STREET ADDRESS 2917 PORT ROYALE LA
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE S
NAME NIKIFOROS, KIRSTA
STREET ADDRESS 2916 PORT ROYALE LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE DT
NAME SCOTT, JUDITH
STREET ADDRESS 2932 PORT ROYALE LN
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE D
NAME BYAL, JANE
STREET ADDRESS 2913 PORT ROYALE LANE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Sandra A Milo, President 3/10/06