

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90386 025 \*\*\*\*61.25

**DOCUMENT # N48018**

**1. Entity Name**  
**MONTEGO BAY TOWNHOUSE HOMEOWNER'S ASSOCIATION, I NC.**



**Principal Place of Business**  
**2910 PORT ROYALE LN**  
**FT LAUDERDALE FL 33308**

**Mailing Address**  
**2910 PORT ROYALE LN**  
**FT LAUDERDALE FL 33308**

**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 65-0380937**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE PD** ☒ Delete  
**NAME HUNT, CHERYL**  
**STREET ADDRESS 2917 PORT ROYALE LANE**  
**CITY-ST-ZIP FORT LAUDERDALE FL 33308**

**TITLE PD** ☒ Change ☐ Addition  
**NAME TAPP, THOMAS L**  
**STREET ADDRESS 2912 Port Royal Lane**  
**CITY-ST-ZIP Fort Lauderdale FL 33308**

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

**TITLE VP** ☐ Change ☒ Addition  
**NAME BRISTOL, RICHARD**  
**STREET ADDRESS 2912 Port Royal Lane**  
**CITY-ST-ZIP Fort Lauderdale FL 33308**

**TITLE TD** ☒ Delete  
**NAME MILO, SANDRA**  
**STREET ADDRESS 2919 PORT ROYALE LANE**  
**CITY-ST-ZIP FORT LAUDERDALE FL 33308**

**TITLE TD** ☐ Change ☒ Addition  
**NAME AUERBACH, MURIEL**  
**STREET ADDRESS 2914 Port Royal Lane**  
**CITY-ST-ZIP Fort Lauderdale FL 33308**

**TITLE D** ☒ Delete  
**NAME GEIGER, PEARL**  
**STREET ADDRESS 2911 PORT ROYALE LANE**  
**CITY-ST-ZIP FORT LAUDERDALE FL 33308**

**TITLE SEC** ☐ Change ☒ Addition  
**NAME WIKIFOROS, KRISTA**  
**STREET ADDRESS 2916 Port Royal Lane**  
**CITY-ST-ZIP Fort Lauderdale FL 33308**

**TITLE D** ☐ Delete  
**NAME SCOTT, JUDITH**  
**STREET ADDRESS 2932 PORT ROYALE LN**  
**CITY-ST-ZIP FT. LAUDERDALE FL**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

**SIGNATURE REQUIRED**

Thomas L. Tapp

04/16/03

954 938 8515

CR2E037 (10/02)