#### 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

**DOCUMENT# 719105** 

Entity Name: MONTECRISTI COUNTRY CLUB APARTMENTS, INC.

### **Current Principal Place of Business:**

BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD CORAL SPRINGS, FL 33071

## **Current Mailing Address:**

BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD CORAL SPRINGS, FL 33071 US

### FEI Number: 59-1358730

### Name and Address of Current Registered Agent:

GLAZER AND SACHS, P.A. 3113 STIRLING ROAD 201 FT. LAUDERDALE, FL 33312 US Certificate of Status Desired: No

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.			
SIGNATURE	E: ERIC GLAZER, PRESIDENT		12/02/2017
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	Ρ	Title	D
Name	LAURETANO, ANGELA	Name	LITZ, GEORGE
Address	BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD	Address	BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071
Title	D	Title	TREASURER
Name	TAVARES, SILVIA	Name	VIANA, CLEVERSON
Address	BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD	Address	BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071
Title	DIRECTOR	Title	SECRETARY
Name	BRAGINSKY, ALLEN	Name	SCHER, STEFANIE
Address	BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD	Address	BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071
Title	VP		
Name	JONES, HEATH		
Address	BROCK PROPERTY MANAGEMENT, INC 12444 W ATLANTIC BLVD		
City-State-Zip:	CORAL SPRINGS FL 33071		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SILVIA TAVARES

12/02/2017

# FILED Dec 02, 2017 Secretary of State CC2936819678

DIRECTOR