2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743210

Entity Name: MONTOYA ESTATES HOMEOWNER'S ASSOCIATION, INC.

FILED
Apr 04, 2016
Secretary of State
CC4056700238

Current Principal Place of Business:

C/O INFINITY COMMUNITY MGMT, INC. 5350 10TH AVENUE NORTH SUITE 2 GREENACRES, FL 33463

Current Mailing Address:

C/O INFINITY COMMUNITY MANAGEMENT, INC. 5350 10TH AVENUE NORTH SUITE 2 GREENACRES, FL 33463 US

FEI Number: 59-1845213 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILBERG KLEIN, PL 5550 GLADES RD. SUITE 500

BOCA RATON, FL 33431 US

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: DAVID KLEIN 04/04/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title SECRETARY

Name ZUCKER, NATHAN Name SILKIN, JEFFREY

Address C/O INFINITY COMMUNITY Address C/O INFINITY COMMUNITY

MANAGEMENT, INC.
5350 10TH AVENUE NORTH SUITE 2

MANAGEMENT, INC.
5350 10TH AVENUE NORTH SUITE 2

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title PRESIDENT Title DIRECTOR

Name ZANGRE, JASON Name PACKER, BENJAMIN

Address C/O INFINITY COMMUNITY Address C/O INFINITY COMMUNITY MANAGEMENT, INC.

Address C/O INFINITY COMMUNITY MANAGEMENT, INC.

5350 10TH AVENUE NORTH SUITE 2 5350 10TH AVENUE NORTH SUITE 2

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title DIRECTOR Title TREASURER

Name KAMINETZKY, NOAM Name KATZ, JORDAN

Address C/O INFINITY COMMUNITY Address C/O INFINITY COMMUNITY

MANAGEMENT, INC. MANAGEMENT, INC.

5350 10TH AVENUE NORTH SUITE 2 5350 10TH AVENUE NORTH SUITE 2

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title DIRECTOR

Name HOLLANDER, JONATHAN
Address C/O INFINITY COMMUNITY

MANAGEMENT, INC.

5350 10TH AVENUE NORTH SUITE 2

City-State-Zip: GREENACRES FL 33463

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: JASON ZANGRE PRESIDENT 04/04/2016