

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743210

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

FILED
Apr 28, 2021
Secretary of State
2075348067CC

Current Principal Place of Business:

C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025

Current Mailing Address:

C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

FEI Number: 59-1845213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAGOLTA, JONATHAN
C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 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: JONATHAN JAGOLTA

04/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name SILKIN, JEFFREY
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name COLMAN, STEVE
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name DAUM, AKIVA
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title PRESIDENT
Name ZANGRE, JASON
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title TREASURER
Name GREENE , AVI
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title VP
Name GILDIN , JONATHAN
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name KAMINETZKY, NOAM
Address C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

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

04/28/2021

