

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743210

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

FILED
Apr 25, 2014
Secretary of State
CC4847149260

Current Principal Place of Business:

MONARCH MANAGEMENT SOLUTIONS, PLLC
6750 N. ANDREWS AVENUE SUITE 200
FT LAUDERDALE, FL 33309

Current Mailing Address:

MONARCH MANAGEMENT SOLUTIONS, PLLC
6750 N. ANDREWS AVENUE SUITE 200
FT LAUDERDALE, FL 33309 US

FEI Number: 59-1845213

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCKNIGHT, MARK
MONARCH MANAGEMENT SOLUTIONS, PLLC
6750 N. ANDREWS AVENUE SUITE 200
FT LAUDERDALE, FL 33309 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: MARK MCKNIGHT

04/25/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name ZUCKER, NATHAN
Address 7492 MALIBU CRESCENT
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name DAVIS, NOAH
Address 7935 CHULA VISTA CRESCENT
City-State-Zip: BOCA RATON FL 33433

Title SECRETARY
Name SILKIN, JEFFREY
Address 7911 CHULA VISTA CRESCENT
City-State-Zip: BOCA RATON FL 33433

Title PRESIDENT
Name ZANGRE, JASON
Address 7839 SAN MARCOS PL
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name STEIN, GIL
Address 7697 SAN MATEO DRIVE
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name KAMINETZKY, NOAM
Address 7947 CHULA VISTA CRESENT
City-State-Zip: BOCA RATON FL 33433

Title REGISTERED AGENT/MANAGER
Name MCKNIGHT, MARK
Address MONARCH MANAGEMENT SOLUTIONS, PLLC
6750 N. ANDREWS AVENUE SUITE 200
City-State-Zip: FT LAUDERDALE FL 33309

Title TREASURER
Name KATZ, JORDAN
Address 7941 CHULA VISTA CRESCENT
City-State-Zip: BOCA RATON FL 33433

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: MARK MCKNIGHT

**REGISTERED AGENT/
MANAGER**

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date