

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743210

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

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC0559675591**

**Current Principal Place of Business:**

C/O INFINITY COMMUNITY MGMT, INC.  
5350 10TH AVENUE NORTH SUITE 1  
GREENACRES, FL 33463

**Current Mailing Address:**

C/O INFINITY COMMUNITY MANAGEMENT, INC.  
5350 10TH AVENUE NORTH SUITE 1  
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**

**04/05/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SILKIN, JEFFREY  
Address C/O INFINITY COMMUNITY  
MANAGEMENT, INC.  
5350 10TH AVENUE NORTH SUITE 1  
City-State-Zip: GREENACRES FL 33463

Title PRESIDENT  
Name ZANGRE, JASON  
Address C/O INFINITY COMMUNITY  
MANAGEMENT, INC.  
5350 10TH AVENUE NORTH SUITE 1  
City-State-Zip: GREENACRES FL 33463

Title VP  
Name KAMINETZKY, NOAM  
Address C/O INFINITY COMMUNITY  
MANAGEMENT, INC.  
5350 10TH AVENUE NORTH SUITE 1  
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR  
Name COLMAN, STEVEN  
Address C/O INFINITY COMMUNITY  
MANAGEMENT, INC.  
5350 10TH AVENUE NORTH SUITE 1  
City-State-Zip: GREENACRES FL 33463

Title TREASURER  
Name HOLLANDER, JONATHAN  
Address C/O INFINITY COMMUNITY  
MANAGEMENT, INC.  
5350 10TH AVENUE NORTH SUITE 1  
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR  
Name MATIASH, MARK  
Address C/O INFINITY COMMUNITY MGMT,  
INC.  
5350 10TH AVENUE NORTH SUITE 1  
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**

**04/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date