2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743210

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

FILED Feb 14, 2023 Secretary of State 7405033512CC

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:

WASSERSTEIN, P.A. 301 YAMATO ROAD SUITE 2199

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:

Title

Electronic Signature of Registered Agent Date

Title

TREASURER

Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name ZWELLING, SHULAMIT Name GOLDENBERG, ALEXANDRA

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

FLORIDA FLORIDA

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

Name GREENE, AVI Name COHEN, RHEA

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

FLORIDA FLORIDA

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

Title VP Title DIRECTOR

Name SHERMAN, RICK Name COHEN, TOMER

Address C/O ASSOCIATION SERVICES OF Address C/O ASSOCIATION SERVICES OF

FLORIDA FLORIDA

10112 USA TODAY WAY 10112 USA TODAY WAY

City-State-Zip: MIRAMAR FL 33025 City-State-Zip: MIRAMAR FL 33025

Title VP

Name STEINBERG, ALEXANDRIA J

Address C/O ASSOCIATION SERVICES OF

FLORIDA

PRESIDENT

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: AVI GREENE PRESIDENT 02/14/2023