## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763466** 

Entity Name: MONTAUK VILLAGE CONDOMINIUM I, INC.

**FILED** Apr 30, 2024 **Secretary of State** 3655723683CC

## **Current Principal Place of Business:**

ARTHUR M. LICHTMAN, P.A. 12773 WEST FOREST HILL BLVD. SUITE 203 WELLINGTON, FL 33414

## **Current Mailing Address:**

ARTHUR M. LICHTMAN, P.A. 12773 WEST FOREST HILL BLVD. SUITE 203 WELLINGTON, FL 33414 US

FEI Number: 59-2431260 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ARTHUR M. LICHTMAN, P.A. ARTHUR M. LICHTMAN, P.A. 12773 WEST FOREST HILL BLVD. SUITE 203 WELLINGTON, FL 33414 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: ARTHUR M. LICHTMAN, CPA 04/30/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER, DIRECTOR Title DIRECTOR

Name PELLON, MARIAN Name BALDEO, PATRICIA

1611 CABOT LANE UNIT C3 1593 CABOT LANE UNIT D2 Address Address City-State-Zip: WELLINGTON FL 33414 City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT, DIRECTOR Title DIRECTOR

Name FARQUHARSON, BERYL DERNLAN, GARY Name Address 1611 CABOT LANE UNIT C1 Address 14575 PADDOCK DRIVE City-State-Zip: WELLINGTON FL 33414 City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR, SECRETARY

KURUVILLA, BINCY Address 1647 CABOT LANE UNIT A8

Name

City-State-Zip: WELLINGTON FL 33414

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.

04/30/2024 SIGNATURE: GARY DERNLAN **PRESIDENT**