

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000779

FILED
Feb 14, 2014
Secretary of State
CC6216322779

Entity Name: MONTERRA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

Current Mailing Address:

MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
SUNRISE, FL 33323

FEI Number: 27-3182062

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ROST, PETER
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

Title VPD
Name KATZ, JOSHUA
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

Title SD
Name PEDROZA, GAIL
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

Title TD
Name LOTTENBERG, HOFIT
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

Title D
Name LOWE, RICARDO
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

Title D
Name SUBLETT, SHEDRICK
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

Title D
Name EISINGER, GREGORY
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

Title D
Name GALEN, ALYSON
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323

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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: PETER ROST

PRESIDENT

02/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BENVENISTY, STUART
Address MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORP PKWY
City-State-Zip: SUNRISE FL 33323