2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
04-19-2005 90376 026 ***150.00

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1. Entity Name
MONTURA RANCH ESTATES COMMUNITY RIGHT AWARENESS INC.

Principal Place of Business	Mailing Address
MONTURA CLUB HOUSE P.O. BOX 2314 CLEWISTON, FL 33440-2314	MONTURA CLUB HOUSE P.O. BOX 2314 CLEWISTON, FL 33440-2314

04042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
MONTURA CLUB HOUSE	P.O BOX 2314
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CLEWISTON, FLORIDA.	
Zip 33440 Country HENDRY	Zip 33440 Country HENDRY

4. FEI Number 20-0121492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AROCHO, VICENTE 445 N KENNEL STREET CLEWISTON, FL 33440	Name: VICENTE AROCHO Street Address (P.O. Box Number is Not Acceptable) PO BOX 1014 445 N Kennel St City CLEWISTON FL Zip Code 33440

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AROCHO, MARIA M 445 N Kennel St. P.O. BOX 1014 CLEWISTON, FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Agent Vicente Arocho 445 N Kennel Street Clewiston, FL 33440	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARCIA, MYRIAM 339 HUNTING CLUB AVENUE CLEWISTON, FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President 339 Hunting CLUB AV. Clewiston FL 33440	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERNANDEZ, AMELIA 175 N QUEBRADA STREET CLEWISTON, FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Amelia Hernandez 175 N Quebrada Clewiston, FL 33440	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICIEDO, MIGUEL 335 N NOGAL STREET CLEWISTON, FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MIGUEL VICIEDO 335N NOGAL ST Clewiston, FL 33440	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERNANDEZ, JUAN 503 PERIMITER ROAD CLEWISTON, FL 33440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Juan Hernandez 503 Perimeter Road Clewiston, FL 33440	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myriam Garcia 4/14/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #