2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006996

FILED Apr 03, 2009 Secretary of State

Entity Name: MONTECITO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 314 NE 3RD ST BOYNTON BEACH, FL 33435 **Current Mailing Address: New Mailing Address:** 314 NE 3RD STREET 4 C.A.M.S. BOYNTON BEACH, FL 33435 FEI Number: 20-0811639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHIR, GUY M ESQ 1800 N.W. CORPORATE BLVD. #102 BOCA RATON, FL 33431 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PIACENTE, CLAIRE STEFF, JOYCE Name: Name: 8203 CALTERRA DR Address: 8509 PORTOBELLO Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: () Change () Addition JACQUES, BRIAN Name: Name: Address: 8513 PORTOBELLO LN Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: (X) Change () Addition MURDO, MACKENZIE MURDO, MACKENZIE Name: Name: Address: 8403 ALISTER BLVD Address: 8403 ALISTER BLVD City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: (X) Change () Addition GILLILAND, ERIC Name: Name: GILLILAND, JAMES E 8160 BAUTISTA WAY 8160 BAUTISTA WAY Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: () Change () Addition FRAGIONE, KIM Name: Name: 8423 ALISTER BLVD Address: Address: PALM BEACH GARDENS, FL 33418 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERI MCKENZIE BKPR 04/03/2009