


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90042 028 ****61.25

DOCUMENT # N04000001148	
1. Entity Name THE MONTEREY BHI CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9240 WEST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154	Mailing Address 9240 WEST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154
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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 32-0109882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KROOP, RICHARD I ESQ. 9240 WEST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, FRED 9240 WEST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAP, HAROLD V 9240 WEST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKLAR, OSCAR 9240 WEST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSCAR FARMATI TREAS. SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *David L. Sinker* *Fred L. Sinker, Pres.* 1-22-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #