

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90017 030 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03132008 Chg-NP CR2E037 (12/06) 4. FEI Number 32-0109882	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KROOP, RICHARD I ESQ. 9240 WEST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGER, FRED		NAME	3A	
STREET ADDRESS	9240 WEST BAY HARBOR DR., APT. 6A		STREET ADDRESS	3A	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP	3A	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAP, HAROLD V		NAME	S/D	
STREET ADDRESS	9240 WEST BAY HARBOR DR., APT. 6A		STREET ADDRESS	15200 P. CIL	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP	9240 WEST BAY HARBOR DR. 6A	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKLAR, OSCAR		NAME	V.P. / DOWSKI, MOISES	
STREET ADDRESS	9240 WEST BAY HARBOR DR., APT. 6A		STREET ADDRESS	9240 WEST BAY HARBOR DR. 7A	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARMATT, OSCAR		NAME		
STREET ADDRESS	9240 WEST BAY HARBOR DR. APT. 6A		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 817, 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: <u>Cecil Kroop</u> Cecil Kroop, Sec. <u>3/14/08</u> <u>305-864-5479</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					