2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001148

FILED Jul 20, 2009 Secretary of State

Entity Name: THE MONTEREY BHI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9240 WEST BAY HARBOR DR., APT. 6A 9240 WEST BAY HARBOR DR. BAY HARBOR ISLAND, FL 33154 BAY HARBOR ISLAND, FL 33154 **Current Mailing Address: New Mailing Address:** 9240 WEST BAY HARBOR DR. 9240 WEST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154 BAY HARBOR ISLAND, FL 33154 FEI Number: 32-0109882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KROOP, RICHARD I ESQ 9240 WÉST BAY HARBOR DR., APT. 6A BAY HARBOR ISLAND, FL 33154 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 () Change () Addition SINGER, FRED Name: Name: 8240 WEST BAY HARBOR DR. APT. 3A Address: Address: City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: Title: SD Title: (X) Change () Addition () Delete KROOP, CEIL Name: CHIBARRELLI, VILLIAM Name: Address: 9240 WEST BAY HARBOR DR 6A Address: 9240 WEST BAY HARBOR DR 6B City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: BAY HARBOR ISLAND, FL 33154 Title: VP/D () Delete Title: (X) Change () Addition CHIROWSKI, MOSES BASILE, PAUL Name: Name: 9240 WEST BAY HARBOR DR 7A Address: Address: 9240 WEST BAY HARBOR DR 5C City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: BAY HARBOR ISLAND, FL 33154 Title: () Delete Title: () Change () Addition FARMATT, OSCAR Name: Name: 9240 WEST BAY HARBOR DR. APT. 6A Address: Address: City-St-Zip: BAY HARBOR ISLAND, FL 33154 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: OSCAR FARMATI T 07/20/2009