

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90116 003 \*\*\*\*61.25

DOCUMENT # N05000008522

1. Entity Name

MONTEREY COMMUNITY ASSOCIATION, INC.



Principal Place of Business

3233 COMMERCE PLACE, SUITE C  
WEST PALM BEACH FL 33407

Mailing Address

9900 SW 107 AVENUE  
MIAMI FL 33176



2. Principal Place of Business - No P.O. Box #

CAMPBELL PROPERTY MANAGEMENT

Suite, Apt. #, etc. 1215 E HILLSBORO BLVD

City & State DEERFIELD BEACH, FL

Zip 33441

Country BROWARD

3. Mailing Address

1215 E HILLSBORO BLVD

Suite, Apt. #, etc. DEERFIELD BEACH

City & State FL

Zip 33441

Country BROWARD

1st MOORE

CR2E037 (10/07)

4. FEI Number

51-0650672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAINDER, STEVEN J  
200 S BISCAYNE BLVD STE 4900  
MIAMI FL 33134

7. Name and Address of New Registered Agent

CAMPBELL PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)  
1215 E HILLSBORO BLVD

DEERFIELD BEACH

City

FL

Zip Code 33441

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when re-issuing)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2008

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

TITLE PD ☐ Delete  
NAME IBARRIA, DIANA  
STREET ADDRESS 9900 SW 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ Delete  
NAME MESSER, K.C.  
STREET ADDRESS 9900 SW 107 AVENUE  
CITY-ST-ZIP MIAMI FL 33176

TITLE TSD ☐ Delete  
NAME DEBOCK, MICHAEL  
STREET ADDRESS 3233 COMMERCE PLACE, SUITE C  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4/18/08

954-427-8770