

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 2011
Secretary of State

DOCUMENT# N06000002105

Entity Name: MONTEREY PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323**New Principal Place of Business:**C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323**Current Mailing Address:**C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323Q**New Mailing Address:**C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323Q**FEI Number:** 20-5060293**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIR STE 1102
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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:

Title: PD
Name: IBARRIA, DIANA
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VP/T
Name: DEBOCK, MICHAEL
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: DEBOCK, MICHAEL
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: BUGG, CHRIS
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL DEBOCK

VP

10/06/2011

Electronic Signature of Signing Officer or Director

Date