

10/08/2007 17:24 FAX

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Oct 08 07:05:11p

Orlando Arron

305-861-8404

p. 2

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|   |  |                                 |   |   |                                   |
|---|--|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # N06000007895</b>  |  |                                 |   |  |                                   |
| 1. Entity Name<br><b>MONTELMAR HOMEOWNERS ASSOCIATION, INC.</b>   |  |                                 |   |   |                                   |
| Principal Place of Business<br><b>17150 ROYAL PALM BOULEVARD<br/>SUITE 2<br/>WESTON, FL 33326</b>   |  |                                 | Mailing Address<br><b>17150 ROYAL PALM BOULEVARD<br/>SUITE 2<br/>WESTON, FL 33326</b> |   |                                   |
| 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   |                                   |
| 5. Name and Address of Current Registered Agent   |  |                                 |   | 7. Name and Address of New Registered Agent                                       |                                   |
| <b>YOKANA, ALEX<br/>17150 ROYAL PALM BOULEVARD<br/>SUITE 2<br/>WESTON, FL 33326</b>   |  |                                 |   | Name  |                                   |
|   |  |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
|   |  |                                 |   | City  |                                   |
|   |  |                                 |   | FL Zip Code   |                                   |
| 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 _____  |  |                                 |   |   |                                   |
| FILE NUMBER FEB IS \$236.25<br>After January 1, 2008, Fee will be \$297.50  |  |                                 |   | Make check payable to<br>Florida Department of State                              |                                   |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                 |   |                                   |
| TITLE   | PO   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | <b>YOKANA, ALEX</b>                        |                                 | NAME  |   |                                   |
| STREET ADDRESS  | <b>17150 ROYAL PALM BOULEVARD, SUITE 2</b> |                                 | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP   | <b>WESTON, FL 33326</b>                    |                                 | CITY - ST - ZIP   |   |                                   |
| TITLE   | D  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | <b>SCROCCA, PETER D</b>                    |                                 | NAME  |   |                                   |
| STREET ADDRESS  | <b>740 SE 12 CT.</b>                       |                                 | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP   | <b>FT. LAUDERDALE, FL 33316</b>            |                                 | CITY - ST - ZIP   |   |                                   |
| TITLE   | D  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | <b>MCGROGAN, MARTY</b>                     |                                 | NAME  |   |                                   |
| STREET ADDRESS  | <b>732 SE 12 CT.</b>                       |                                 | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP   | <b>FT. LAUDERDALE, FL 33316</b>            |                                 | 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 or authorized 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 list empowered. |  |                                 |   |   |                                   |
| SIGNATURE: _____  |  |                                 |   | 10-08-07  |                                   |
| SACREDOTIAL AND REGISTERED NAME OF SERVING OFFICER OR DIRECTOR  |  |                                 |   | Date  |                                   |

FILED

07 OCT 17 AM 8:36

CLERK OF STATE  
TALLAHASSEE, FLORIDA

65-01-07 90006 -018 - \$61.25



REINSTATEMENT 07

10082007 REIN-NP CR2E089 (1/07)



## BRITANNIA REALTY MANAGEMENT

October 11, 2007

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

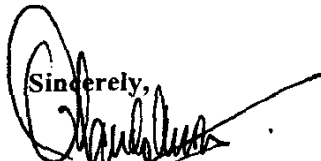
Re: Reinstatement of Montelimar Homeowners Association  
Document # N06000007895

To Whom It May Concern:

Pursuant to the instructions in the attached email I am sending the completed reinstatement form for Montelimar Homeowners Association.

Back in July of this year we received a letter stating that the filing fee of \$61.25 had been received as well as the report but that the report was being returned because block 4 had not been completed. At that time we completed the missing information and sent the form back. If you have any questions or concerns please feel free to contact me.

We appreciate your prompt attention to this matter

Sincerely,  


Orlando Arrom  
Britannia Realty Management

7007 1490 0004 0624 0602

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Corporate Headquarters: 10556 N.W. 26 St, Suite D-203, Doral FL 33172  
Tel: (305) 861- 0441 – Fax: (305) 861- 0442 – [www.britanniarealtygroup.com](http://www.britanniarealtygroup.com)