

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007895

FILED
May 01, 2009
Secretary of State

Entity Name: MONTELIMAR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17150 ROYAL PALM BOULEVARD
SUITE 2
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

17150 ROYAL PALM BOULEVARD
SUITE 2
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-5360009 **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:

YOKANA, ALEX
17150 ROYAL PALM BOULEVARD
SUITE 2
WESTON, FL 33326 US

Name and Address of New Registered Agent:

APOGEE NEW DAWN
3600 SOUTH CONGRESS AVE
SUITE D
BOYNTON BEACH, FL 33426 US

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: VICKIE OLIVIA

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOKANA, ALEX
Address: 17150 ROYAL PALM BOULEVARD, SUITE 2
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: COBB, BRADY J
Address: 724 SE 12 CT.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D () Delete
Name: MCGROGAN, MARTY
Address: 732 SE 12 CT.
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: VICKIE OLIVIA

RA

05/01/2009

Electronic Signature of Signing Officer or Director

Date