

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 039 ****61.25

DOCUMENT # N24438

1. Entity Name
**MONTEGO BAY AT BOCA POINTE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O GOLDMAN, JUDA & MARTIN
8211 W. BROWARD BLVD., STE. PH-1
PLANTATION, FL 33324**

Mailing Address
**C/O GOLDMAN, JUDA & MARTIN
8211 W. BROWARD BLVD., STE. PH-1
PLANTATION, FL 33324**

400162800



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0026953

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANK WEINBERG & BLACK, P.A.
7805 SW 6TH COURT
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 BARTEN, RICHARD
STREET ADDRESS 22799-G TRELAUNY TERRACE
CITY- ST- ZIP BOCA RATON, FL 33433

TITLE VPD ☐ Delete
NAME SAYLES, MARCIA
STREET ADDRESS 22760-E MANDERVILLE PLACE
CITY- ST- ZIP BOCA RATON, FL 33433

TITLE TD ☐ Delete
NAME FREEDMAN, ROBERT
STREET ADDRESS 22799 D TRELAUNY TERRACE
CITY- ST- ZIP BOCA RATON, FL 33433

TITLE SD ☐ Delete
NAME EHRLICH, LINDA
STREET ADDRESS 6738 F MONTEGO BAY BLVD.
CITY- ST- ZIP BOCA RATON, FL 33433

TITLE D ☐ Delete
NAME STRUASS, PATRICIA
STREET ADDRESS 6737 MONTEGO BAY BLVD.
CITY- ST- ZIP BOCA RATON, FL 33433

TITLE D ☐ Delete
NAME KRUGMAN, LENORE
STREET ADDRESS 6738 G MONTAGO BAY BLVD.
CITY- ST- ZIP BOCA RATON, FL 33433

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #