


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90373 010 \*\*\*\*61.25

**DOCUMENT # N34174**

1. Entity Name  
**MONTARA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 11784 W SAMPLE RD  
 CORAL SPRINGS, FL 33065 US

Mailing Address  
 11784 W SAMPLE RD  
 CORAL SPRINGS, FL 33065 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0192179**

Applied For  
 Not Applicable

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

02142007 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

**UNITED COMMUNITY MGMT CORP**  
 11784 W SAMPLE RD  
 CORAL SPRINGS, FL 33065

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	ABBADINI, RENO	
STREET ADDRESS	6956 MONTARA DR	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEAN, JERRY	
STREET ADDRESS	6999 CAMDEN CT	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEKUTIS, CRAIG	
STREET ADDRESS	6969 CAMDEN CT	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSS, ED	
STREET ADDRESS	6979 CHRESTON CT.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALDARARO, RANDY	
STREET ADDRESS	6973 COLUMBIA CT.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ken Angel	
STREET ADDRESS	3080 Madison Drive	
CITY-ST-ZIP	Margate, FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Caldararo, Randy	
STREET ADDRESS	6973 Columbia Court	
CITY-ST-ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Already here*

*ADD*

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:** Reno Abbadini **3-5-07** **954-346-6583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #