


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90096 021 ****61.25

DOCUMENT # N34174
 1. Entity Name
 MONTARA HOMEOWNERS ASSOCIATION, INC.



40089280

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.

3. Mailing Address
 Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 65-0192179

Applied For
 Not Applicable

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 _____
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	<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	ANGEL, KEN	
STREET ADDRESS	3080 MOLION DRIVE	
CITY - ST - ZIP	MARGATE, FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALDARARO, RANDY	
STREET ADDRESS	6973 COLUMBIA CT.	
CITY - ST - ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. GARRE KOBEL	
STREET ADDRESS	3050 MARION AVE	
CITY - ST - ZIP	MARGATE, FL 33063	
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tehinotsubo, Mikki	
STREET ADDRESS	6951 MARION AVE	
CITY - ST - ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Reno Abbadini*

4-25-08