

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34174

FILED
Mar 30, 2009
Secretary of State

Entity Name: MONTARA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0192179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

UNITED COMMUNITY MGMT CORP
11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065 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: RENEE CAMPBELL

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABBADINI, RENO
Address: 6956 MONTARA DR
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: DEAN, JERRY
Address: 6999 CAMDEN CT
City-St-Zip: MARGATE, FL 33063

Title: VPD () Delete
Name: LEKUTIS, CRAIG
Address: 6969 CAMDEN CT
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: KOZEL, GEORGE D MR.
Address: 3050 MARLON AVE
City-St-Zip: MARGATE, FL 33063

Title: SP () Delete
Name: MIKKI, ISCHINOTSUBO
Address: 6951 MARLON AVE
City-St-Zip: MARGATE, FL 33063

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:

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

Title: SD (X) Change () Addition
Name: MIKKI, ISCHINOTSUBO
Address: 6951 MARLON AVE
City-St-Zip: MARGATE, FL 33063

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: MARY LOU PALMER

AGT

03/30/2009

Electronic Signature of Signing Officer or Director

Date