

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N41148**  
1. Corporation Name  
**ESTATE HOMES AT MONTEREY LAKES ASSOCIATION INC.**

**FILED**  
**Jul 23, 1996 08:00 AM**  
Secretary of State

Principal Place of Business: **C/O**  
Mailing Address:

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12-10-1990</b>	3a. Date of Last Report <b>2-15-1995</b>
21. <b>760 NW 107 AVE</b>	26. <b>760 NW 107 AVE</b>	4. FEI Number <b>65-0243859</b>		Applied For Not Applicable	
22. <b>201</b>	27. <b>201</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. <b>Miami, FL</b>	28. <b>Miami, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. <b>33172</b>	25. <b>USA</b>	29. <b>33172</b>	30. <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WATSKY, MORRIS J.</b> <b>700 NW 107 AVE.</b> <b>MIAMI, FL 33172</b>				81. Name	<b>South Florida Resident Agents, Inc.</b>		
				82. Street Address (P.O. Box Number Is Not Acceptable)	<b>200 S. Biscayne Blvd.</b>		
				83. Suite	<b>4750</b>		
				84. City	<b>FL</b>	85. Zip Code	<b>33131</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **V. P. DAVID A. FREEDMAN** DATE: **7/18/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>TOREY EISENMAN</b>			1.2 NAME			
STREET ADDRESS	<b>760 NW 107 AVE. STE. 201</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>			1.4 CITY-ST-ZIP			
TITLE	<b>VP/D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROBERT HUTSON</b>			2.2 NAME			
STREET ADDRESS	<b>760 NW 107 AVE. STE. 201</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>			2.4 CITY-ST-ZIP			
TITLE	<b>ST/D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DENISE GEARY</b>			3.2 NAME			
STREET ADDRESS	<b>760 NW 107 AVE. STE. 201</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33172</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **TOREY EISENMAN** DATE: **7/20/96** TELEPHONE: **(305) 559-1951**

CR2E037 (12/95)