FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N41148

(0)

ESTATE HOMES AT MONTEREY LAKES ASSOCIATION, INC.

Principal Place of Business Mailing Address 760 N.W. 107TH AVE., SUITE 201 MIAMI FL 33172 760 N.W. 107TH AVE., SUITE 201 MIAMI FL 33172-3155 3a. Date of Last Report 3. Date Incorporated or Qualified 12/10/1990 07/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0243859 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SOUTH FLORIDA RESIDENT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., SUITE 4570 83 **MIAM! FL 33131** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE HUTSON, ROBERT T NAME 1.2 NAME 760 NW 107 AVE., STE. 201 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE DST 2.1 TITLE Change Addition NAME **GEARY, DENISE** 2.2 NAME 760 NW 107 AVE., SUITE 201 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME EISENMAN, TOREY 3.2 NAME 760 N.W. 107TH AVE., SUITE 201 STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE ☐ Change ■ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 thustee 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.

22/00

FILED

Feb 11 1997 8:00am

Secretary of State