## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 27, 2005 8:00 am Secretary of State

						- 01	-27-2005	00055 no:	< ****<1	25
DOCUMENT # N41148  1. Entity Name ESTATE HOMES AT MONTEREY LAKES ASSOCIATION, INC.							27-2003	, v v v v v v v v v v v v v v v v v v v	. OI	.23
9780 SW 216 ST C/ MIAMI, FL 33190 11		C/O TH 11981	Mailing Address C/O THE CONTINENTAL GRP, INC. 11981 SW 144 CT., 201 MIAMI, FL 33186				: 	el <b>245</b> 11 man asso	00 <b>07</b> 3	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005 C	hg-NP	CR2E03	7 (10/03)		
City & State		City	& State			L CE 00420E0			oplied For ot Applicable	
Zip	Country	Zip		Cou	intry	5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered	Agent			7. Name and Add	iress of New	Registered A	Agent	
N					Name					
PAIGE, ROBERT E 9500 S DADELAND BLVD # 550					Street Address	(P.O. Box Number is	Not Acceptab	le)		
# 550 MIAMI, FL 33156										
	<u>;</u>				City			FL	Zip Cod	le
	named entity submits this statement fi	for the purpos	se of changing its	egister	ed office or registe	red agent, or both, in	the State of F	lorida. I am t	familiar with,	and accept
ine obligati	ions di regisioreo agoric									ļ
SIGNATURE .	<u> </u>			_						Ī
	Signature, typed or printed name of registered ager									
	/	nt and title if applic	cable. (NOTE:	Registere	d Agent signature require	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	nt and title if applic	9. Election Carr Trust Fund C	paign F	inancing	\$5.00 May Be Added to Fees		DATE Make check rida Depar		
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12. I 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 report or suppliemental 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 required for 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 attacking with an address, with all otherwise empowered.

**SIGNATURE:** 

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Daytime Phone #