


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-27-2005 90055 005 ****61.25

DOCUMENT # N41148

1. Entity Name
 ESTATE HOMES AT MONTEREY LAKES ASSOCIATION, INC.



Principal Place of Business
 9780 SW 216 ST
 MIAMI, FL 33190

Mailing Address
 C/O THE CONTINENTAL GRP, INC.
 11981 SW 144 CT., 201
 MIAMI, FL 33186

50007396



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0243859

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAIGE, ROBERT E
 9500 S DADELAND BLVD
 # 550
 MIAMI, FL 33156

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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	KENDRIX, RONNIE	
STREET ADDRESS	9780 SW 216 ST.	
CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BISHOP, JOHN	
STREET ADDRESS	9780 SW 216 ST.	
CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALENCİKAS, ED	
STREET ADDRESS	9780 SW 216 ST.	
CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, TYRONE	
STREET ADDRESS	9780 SW 216 ST.	
CITY-ST-ZIP	MIAMI, FL 33190	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LARENCE, NELDA	
STREET ADDRESS	9780 SW 216 ST.	
CITY-ST-ZIP	MIAMI, FL 33190	
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		<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 exemption stated in Section 119.07(3)(i), 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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Francis Ford **1/24/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #