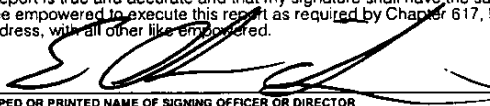


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90025 026 \*\*\*\*61.25

<b>DOCUMENT # N41148</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0243859	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAIGE, ROBERT E 9500 S DADELAND BLVD # 550 MIAMI, FL 33156			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALENCIKAS, ED		NAME	MARGARET BELL	
STREET ADDRESS	9780 SW 216 ST.		STREET ADDRESS	9354 SW 212 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	CUTLER BAY, FL 33189	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, MARGARET P		NAME	BRIAN DREHER	
STREET ADDRESS	9780 SW 216 ST		STREET ADDRESS	9324 SW 212 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	CUTLER BAY FL 33189	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMUTNY, WILLIAM		NAME	RICHARD BREWER	
STREET ADDRESS	9780 SW 216 ST		STREET ADDRESS	8994 SW 212 LANE	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	CUTLER BAY FL 33189	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOERSCHUCK, CINDY		NAME	JAIME MACHADO	
STREET ADDRESS	9780 SW 216 ST		STREET ADDRESS	8934 SW 212 LANE	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	CUTLER BAY FL 33189	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDEL, WILLIAM		NAME		
STREET ADDRESS	9780 SW 216 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 4/27/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 305-232-035A		
ED ALENCIKAS, PRESIDENT					