


**2008<sup>9</sup> NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

<b>DOCUMENT # N46796</b>			
<b>1. Entity Name</b> MONTEREY POINTE HOMEOWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> 300 AVENUE OF THE CHAMPIONS SUITE 120 WEST PALM BEACH, FL 33418		<b>Mailing Address</b> 300 AVENUE OF THE CHAMPIONS SUITE 120 WEST PALM BEACH, FL 33418	
United Community Mgt Corp.			
<b>2. Principal Place of Business - No P.O. Box #</b> 11784 W. Sample Rd		<b>3. Mailing Address</b> 11784 W. Sample Rd	
Suite, Apt. #, etc. #103		Suite, Apt. #, etc. #103	
City & State CORA / Springs, FL		City & State CORA / Springs, FL	
Zip 33065 Country USA		Zip 33065 Country USA	
<b>4. FEI Number</b> 65-0363686		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> QUEEN, SUSAN 300 AVE OF THE CHAMPIONS STREET SUITE #120 PALM BEACH GARDENS, FL 33418		<b>7. Name and Address of New Registered Agent</b> Name: United Community Mgt Corp Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd #103 City: CORA / Springs FL Zip Code: 33065	
<b>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.</b> SIGNATURE: <u>Daniel Campbell V.P. Finance United Community Mgt 12/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T TUMMILLO, ROBERT 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100139355711 12/30/08--01033--007 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP MCNAMARA, JOHN 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S GONWA, PAT 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S MARK DUTLER 300 Ave of the Champions #120 Palm Beach Gardens, FL 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P PAULUS, DONALD 300 AVE OF THE CHAMPIONS, SUITE #120 WEST PALM BEACH, FL 33418 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D THEUERKAUF, DR. FRANK 300 AVE OF THE CHAMPIONS, SUITE #120 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	01/1/21 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>			
SIGNATURE: <u>Robert J. Tummillo, PRES 12/15/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10182008 Chg-NP CR2E037 (12/06)