


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90159 014 ****61.25

DOCUMENT # N51028 1. Entity Name MONTAGE BY THE LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3251 NW 44TH STREET FORT LAUDERDALE, FL 33309 US			Mailing Address C/O MIAMI MANAGEMENT, INC 14275 SW 142ND AVE MIAMI, FL 33186 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0281887				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIFRONY, MATTHEW ESQ 110 SE 6TH ST, 15TH FL FT. LAUDERDALE, FL 33301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, DAVE		NAME	Michael Smithson	
STREET ADDRESS	1145 SAWGRASS CORPORATE PKWY		STREET ADDRESS	3243 NW 44 Street #6	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIELDS, HUGHETTE		NAME	Marchete, Sean	
STREET ADDRESS	1145 SAWGRASS CORPORATION PKWY		STREET ADDRESS	3249 NW 44 Street #2	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Tr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFERY, DENISE		NAME	Oscar Ayala	
STREET ADDRESS	1145 SAWGRASS CORPORATION PKWY		STREET ADDRESS	3249 NW 44 Street #1	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN, MICHAEL		NAME	Diphat, Doretta	
STREET ADDRESS	1145 SAWGRASS CORPORATION		STREET ADDRESS	3263 NW 44 Street #41	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ERNEST		NAME		
STREET ADDRESS	1145 SAWGRASS CORPORATION PKWY		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		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: <u>Carlos Botero</u> 04/27/06 954-846-7585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Carlos Botero, MANAGER

See attached typed list

ATTACHMENT

40068713
#N51028

MONTAGE By The Lake
Additions To Officers & Directors

PD

Michael Smithson
3242 NW 44 Street #6
Ft. Lauderdale, FL 33309

VPD

Marchete Seay
3299 NW 44 Street #2
Ft. Lauderdale, FL 33309

TD

Ayisha Okafor
3299 NW 44 Street #1
Ft. Lauderdale, FL 33309

SD

Doretha Lippett
3267 NW 44 Street #4
Ft. Lauderdale, FL 33309