

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90077 032 ****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 - No P.O. Box # C/O Benchmark Property mgmt Suite, Apt. #, etc. 7932 Wilkes Road		3. Mailing Address C/O Benchmark Property mgmt Suite, Apt. #, etc. 7932 Wilkes Road			
City & State Coral Springs		City & State Coral Springs		4. FEI Number 65-0281887	
Zip 33067		Country USA		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITHSEN, MICHAEL 3243 NW 44TH ST #6 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOGAN, ELISE 3251 NW 44 ST. #4 Ft. Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEAY, MERCHETE 3299 NW 44TH ST #2 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kaesner, Karen Hodge 3287 NW 44 Street #3 Ft. Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OKAFOR, AYISHA 3299 NW 44TH ST #1 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. (OKAFOR) Gordon, Ayisha 3299 NW 44 Street #1 Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIPPETT, DORETHA 3267 NW 44TH ST #4 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gordon, Dave 3271 NW. 44 Street #6 Ft. Lauderdale 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Love, Thomas 3263 NW 44 Street #5 Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE Karen H Kaesner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 03/29/07 <small>Date</small> </div> <div> 954-486-5765 <small>Daytime Phone #</small> </div> </div>					