

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003502 (1)**
1. Corporation Name

MONTAUCK HARBOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business SUNSET POINT DRIVE WELLINGTON FL 33414	Mailing Address 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487
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3. Date Incorporated or Qualified

07/18/1994

4. FEI Number

65-0670782

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMUNITY ASSOC. SVC.
951 BROKEN SOUND PKWY
SUITE 250
BOCA RATON FL 33487**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YUTER, RON	
STREET ADDRESS	12340 SUNSET PT DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DIFIORE, CORA	
STREET ADDRESS	12340 SUNSET PT DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	EISNER, NEIL	
STREET ADDRESS	12340 SUNSET PT DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TONY FRANSETTA	
1.3 STREET ADDRESS	12059 SUNSET POINT COURT	
1.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAN WEIMAR	
2.3 STREET ADDRESS	12293 SUNSET POINT LANE	
2.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
3.1 TITLE	STTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE MARLOW	
3.3 STREET ADDRESS	12192 SUNSET POINT CIRCLE	
3.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LLOYD MINOR	
4.3 STREET ADDRESS	12284 SUNSET POINT LANE	
4.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MURON DIACZUN	
5.3 STREET ADDRESS	12103 SUNSET POINT DRIVE	
5.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

4-9-98

CR2E037 (10/97)