

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90021 019 ****61.25

DOCUMENT # N94000003502					
1. Entity Name MONTAUCK HARBOR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business WELLINGTON MGMT 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US			Mailing Address WELLINGTON MGMT 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 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 65-0670782	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWSOME, JOHN WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD WEST PALM BEACH, FL 33414			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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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	P KATTEL, BJ 12197 SUNSET POINT CIRCLE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FILIPPELLI, ANNA MARIE 11257 SUNSET POINT CIRCLE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAUCHER, KETTLY 12133 SUNSET POINT DR WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINOR, LLOYD 12274 SUNSET POINT LANE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEYTOUNDSIAN, ROUPEN 12185 SUNSET POINT CIRCLE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILLEN, HAZEL (CHRIS) 12215 SUNSET POINT CIRCLE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOLCOCK, RITCHIE 12109 SUNSET POINT CIRCLE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. 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 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 817, 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: <i>Anna Marie Filippelli</i> ANNA MARIE FILIPPELLI 3-15-05					

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02112005 Chg-NP CR2E037 (10/03)

FL

Zip Code

Date Daytime Phone #