

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90055 031 ****61.25

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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**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0670782

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REUNER, KLAUS
STREET ADDRESS	12191 SUNSET POINT CIR
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	TD
NAME	FILIPPELLI, ANNA MARIE
STREET ADDRESS	11257 SUNSET POINT CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	SD
NAME	FAUCHER, KETTLY
STREET ADDRESS	12133 SUNSET POINT DR
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	P
NAME	WOOLCOCK, RITCHIE
STREET ADDRESS	12109 SUNSET POINT CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP
NAME	ZEYTOUNDJIAN, ROUPEN
STREET ADDRESS	12185 SUNSET POINT CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Anna Marie Filippelli Treasurer Jan 16, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-686-8010