


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90020 004 ****61.25

DOCUMENT # N96000000067		
1. Entity Name MONTERREY CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 980 CAPE MARCO DR MARCO ISLAND, FL 34145	Mailing Address 980 CAPE MARCO DR MARCO ISLAND, FL 34145
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

01042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0633958	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent	
SAMOUCE, ROBERT M ESQ. 5405 PARK CENTRAL CT NAPLES, FL 34109	

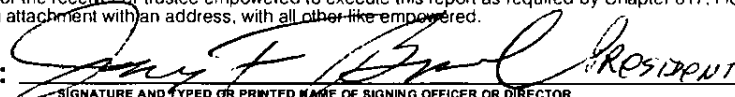
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE	P <input type="checkbox"/> Delete
NAME	BROUSIL, JAMES
STREET ADDRESS	980 CAPE MARCO DR. #502
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	T <input type="checkbox"/> Delete
NAME	BERGMANN, RICHARD
STREET ADDRESS	980 CAPE MARCO DR #603
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	S <input type="checkbox"/> Delete
NAME	BRETTTHAUER, NEIL
STREET ADDRESS	980 CAPE MARCO DR., 707
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	CARSEN, LEN
STREET ADDRESS	980 CAPE MARCO DR., #1106
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D <input type="checkbox"/> Delete
NAME	DISANTO, LOUIS
STREET ADDRESS	980 CAPR MARCO DR., 1002
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	LABRIE, DONALD
CITY-ST-ZIP	980 CAPE MARCO DR. #1406
	MARCO ISLAND FL 34145
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: 	President 3/28/08 231-248-5758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #