


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 021 ****61.25

DOCUMENT # N98000003542		
1. Entity Name THE MONTEREY OWNERS ASSOCIATION, INC.		

Principal Place of Business 3723 EAST C-30A SEAGROVE BEACH, FL 32459 US	Mailing Address P O BOX 4673 SANTA ROSA BEACH, FL 32459 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3569255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
GARRETT REALTY SERVICES, INC 3723 EAST C-30A SANTA ROSA BEACH, FL 32459	

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 _____
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, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROPHET, DALE	NAME	
STREET ADDRESS	3808 BROOKSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN, AL 36303	CITY-ST-ZIP	
TITLE	VDP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, LES	NAME	Pittman, LES
STREET ADDRESS	3101 FERNWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 36111	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, JOHN	NAME	Lamb, John
STREET ADDRESS	1456 THREE PINE PLACE	STREET ADDRESS	
CITY-ST-ZIP	LILBURN, GA 30047	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPEDGE, ROBERT	NAME	
STREET ADDRESS	120 WEST WIEUCA ROAD SUITE 100B	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30342	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LARRY	NAME	
STREET ADDRESS	875 CREST VALLEY DR, NW	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30327	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **2/2/06 334-793-9564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #