

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000626

1. Entity Name

MONTEBELLO AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3089 SW MONTEBELLO PLATE  
PALM CITY FL 34990

P.O. BOX 2024  
PALM CITY FL 33491

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

65-0290833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, THOMAS C  
3089 SW MONTEBELLO PLACE  
PALM CITY FL 34990

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME BOYD, THOMAS C  
STREET ADDRESS 3089 SW MONTEBELLO PLACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME LITTAUER, STEVE  
STREET ADDRESS 3041 SW MONTEBELLO PLACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MEAD, TOM  
STREET ADDRESS 3137 SW MONTEBELLO PLACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME TOMASKO, GREGORY  
STREET ADDRESS 3121 SW MONTEBELLO PL  
CITY-ST-ZIP PALM CITY FL 34990

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME Twohey, John  
STREET ADDRESS 3121 SW MONTEBELLO PL  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D ☐ Delete  
NAME GILLESPIE, JIM  
STREET ADDRESS 3113 SW MONTEBELLO PLACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

THOMAS MEAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

561-219-0255

Daytime Phone #

CR2E037 (9/01)