

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 017 ****61.25

DOCUMENT # N99000000626

1. Entity Name
**MONTEBELLO AT MARTIN DOWNS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
3121 SW MONTEBECCO PL
PALM CITY, FL 34990

Mailing Address
P.O. BOX 2024
PALM CITY, FL 33491

94002134



2. Principal Place of Business

3121 SW MONTEBELLO PL

3. Mailing Address

PO Box 2024

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-NP

CR2E037 (10/03)

City & State

PALM CITY, FL

City & State

PALM CITY, FL

4. FEI Number

65-0290833

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34991

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TWOHEY, JOHN
3121 SW MONTEBECCO
PALM CITY, FL 34990**

7. Name and Address of New Registered Agent

Name **TWOHEY, JOHN**

Street Address (P.O. Box Number is Not Acceptable) **3121 SW MONTEBELLO PL**

City **PALM CITY**

FL

Zip Code

34990

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

John Twohey

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

(NOTE: Registered Agent signature required when reinstating)

1/12/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIYD, THOMAS	
STREET ADDRESS	3089 SW MONTEBECCO	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LITTADER, SUSAN	
STREET ADDRESS	3041 SW MONTEBELLO PLACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEAD, TOM	
STREET ADDRESS	3137 SW MONTEBELLO PLACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TWOHEY, JOHN	
STREET ADDRESS	3121 SW MONTEBERO PLACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLESPIE, JIM	
STREET ADDRESS	3113 SW MONTEBELLO PLACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyd, Thomas	
STREET ADDRESS	3089 SW MONTEBELLO	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYOR, MARY	
STREET ADDRESS	3017 SW MONTEBELLO	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWOHEY, JOHN	
STREET ADDRESS	3121 MONTEBELLO	
CITY-ST-ZIP	PALM CITY, FL 34990	
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 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 J Mead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04

DATE

772-219-0255

DAYTIME PHONE #