# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2006**
**Secretary of State**

DOCUMENT# N99000000626

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

**Current Principal Place of Business:**

3121 SW MONTEBELLO PL
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2024
PALM CITY, FL 33491

**New Mailing Address:**

**FEI Number: 65-0290833** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TWOHEY, JOHN
3121 SW MONTEBELLO PL
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: GRAY, TONY
Address: 3065 SW MONTEBELLO PLACE
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: LEACH, ROBERT
Address: 3105 SW MONTEBELLO PLACE
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete
Name: MEAD, TOM
Address: 3137 SW MONTEBELLO PLACE
City-St-Zip: PALM CITY, FL 34990

Title: P ( ) Delete
Name: TWOHEY, JOHN
Address: 3121 MONTEBELLO
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: GILLESPIE, JIM
Address: 3113 SW MONTEBELLO PLACE
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LEACH, ROBERT
Address: 3105 SW MONTEBELLO PLACE
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change ( ) Addition
Name: MEAD, TOM
Address: 3137 SW MONTEBELLO PLACE
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L LEACH T 01/31/2006

Electronic Signature of Signing Officer or Director — Date