

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000626

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



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

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

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0290833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAY, TONY
STREET ADDRESS	3065 SW MONTEBELLO PLACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	LEACH, ROBERT
STREET ADDRESS	3105 SW MONTEBELLO PLACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	MEAD, TOM
STREET ADDRESS	3137 SW MONTEBELLO PLACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	P
NAME	TWOHEY, JOHN
STREET ADDRESS	3121 MONTEBELLO
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	BOYD, THOMAS
STREET ADDRESS	3089 SW MONTEBELLO PLACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000854296
07/11/08-80007-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Robert L. Leach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08 *TD-256-7589*
Date Daytime Phone #