


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90020 019 ****61.25

DOCUMENT # 710479					
1. Entity Name SEA MONARCH CONDOMINIUM, INC.					
Principal Place of Business 111 N POMPANO BEACH BLVD POMPANO BEACH, FL 33062			Mailing Address 111 N POMPANO BEACH BLVD POMPANO BEACH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1308234	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLIAKOFF, GARY 3111 STIRLIN ROAD FT. LAUDERDALE, FL 33312-3525			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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					
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	CERASANI, JOHN		NAME		
STREET ADDRESS	111 N POMPANO BCH BLVD #1511		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATT, WILLIAM		NAME		
STREET ADDRESS	111 N POMPANO BCH BLVD #1912		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFARB, DAVID		NAME		
STREET ADDRESS	111 N POMPANO BCH BLVD #314		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, JOHN		NAME	WY COSELD	
STREET ADDRESS	111 N POMPANO BCH BLVD #510		STREET ADDRESS	111 N. POMPANO BCH BLVD #513	
CITY-ST-ZIP	POMPANO BCH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPORELLA, NICK		NAME	DEBBIE GENTILE	
STREET ADDRESS	111 N POMPANO BEACH BLVD #1204		STREET ADDRESS	111 N. POMPANO BCH BLVD #612	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, LAURALEE		NAME	CRAIG FADEN	
STREET ADDRESS	111 N POMPANO BEACH BLVD #1014		STREET ADDRESS	111 N. POMPANO BCH BLVD #1112	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
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: <u>John Cerasani</u> Pres.			Date: <u>3-24-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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03222006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1308234 Applied For Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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John Cerasani Pres.

3-24-06

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Date

Daytime Phone #