

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738018

(1)

1. Corporation Name

MONACO I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487



3. Date Incorporated or Qualified

02/07/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1758206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

..... **RAIBLE, RONALD**
6300 Park of COmmerce Blvd.
Boca Raton, FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	RUSNAK, ALEXANDER	
STREET ADDRESS	KINGS PT. MONACO I 397	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	☐ DELETE
NAME	GOLDSTEIN, JACK	
STREET ADDRESS	402 MOANCO I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	☐ DELETE
NAME	PLISKIN, OLIVE	
STREET ADDRESS	MONACO I 412	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	☒ DELETE
NAME	RUSNAK, MINA	
STREET ADDRESS	KINGS PT. MONACO I 397	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☒ DELETE
NAME	WEINSTEIN, ROSE	
STREET ADDRESS	398 MONACO I	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	SLEPP, DOROTHY	
STREET ADDRESS	MONACO I 403	
CITY-ST-ZIP	DELRAY BEACH FL	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	PD RUSNAK, ALEXANDER
1.3 STREET ADDRESS	397 MONACO I
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VPD WEINSTIEN, ROSE
2.3 STREET ADDRESS	398 MONACO I
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	SD PILSKIN, OLIVE
3.3 STREET ADDRESS	412 MONACO I
3.4 CITY-ST-ZIP	VD.
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	TD RUSNAK, ALEXANDER
4.3 STREET ADDRESS	397 MONACO I
4.4 CITY-ST-ZIP	800001808128
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	DD GOLDSTIEN, JACK
5.3 STREET ADDRESS	402 MONACO I
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	DD SLEPP, DOROTHY
6.3 STREET ADDRESS	403 MONACO I
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E037 (12/95)