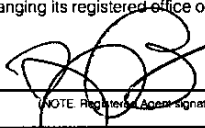
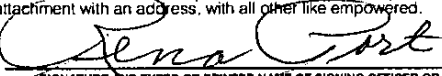


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90104 028 ****61.25

DOCUMENT # 738018 1. Entity Name MONACO I ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US				Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1758206	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487				Name MONACO I ASSOCIATION, INC. Street Address (P.O. Box Number is Not Acceptable) ARNIE BERNSTEIN 6300 PARK OF COMMERCE BOULEVARD City BOCA RATON FL Zip Code 33487	
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 <u>ARNIE BERNSTEIN</u>  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HAAS, MORT		NAME		
STREET ADDRESS	403 MONACO I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEVY, BEVERLY		NAME		
STREET ADDRESS	396 MONACO I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	RUSNAK, ALEXANDER		NAME	HINTERSTEIN, Bernard	
STREET ADDRESS	3997 MONACO I		STREET ADDRESS	404 MONACO I	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	DeLray Beach, FL 33484	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PORT, RENA		NAME		
STREET ADDRESS	401 MONACO I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LICHTENSTEIN, SID		NAME		
STREET ADDRESS	387 MONACO I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ELMAN, STAN		NAME		
STREET ADDRESS	427 MONACO I		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		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: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/13/05</u> Daytime Phone # <u>638-1994</u>		