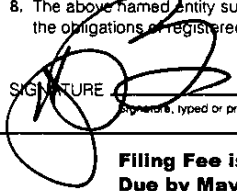
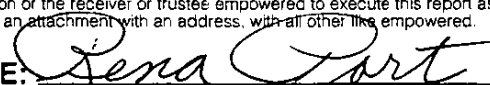


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90181 039 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40060236 	
City & State		City & State		01292007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1758206	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, ARNIE MONACO I ASSOCIATION, INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Monaco I Street Address (P.O. Box Number is Not Acceptable) 6300 Park of Commerce Blvd 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 					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME HAAS, MORT STREET ADDRESS 403 MONACO I CITY-ST-ZIP DELRAY BEACH, FL 33484	☐ Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE SD NAME LEVY, BEVERLY STREET ADDRESS 396 MONACO I CITY-ST-ZIP DELRAY BEACH, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME HINTERSTEIN, BERNARD STREET ADDRESS 404 MONACO I CITY-ST-ZIP DELRAY BEACH, FL 33484	☐ Delete		TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE P NAME PORT, RENA STREET ADDRESS 401 MONACO I CITY-ST-ZIP DELRAY BEACH, FL 33484	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE T NAME LICHTENSTEIN, SID STREET ADDRESS 387 MONACO I CITY-ST-ZIP DELRAY BEACH, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME ELMAN, STAN STREET ADDRESS 427 MONACO I CITY-ST-ZIP DELRAY BEACH, FL 33484	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 titles empowered.					
SIGNATURE: 			3/22/07 638-1994		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		