## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739249

(1)

MONACO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD 5180 W ATLATING AVE 5180 ATLATING AVE **BOCA RATON FL 33487 BOCA RATON FL 33487-8229**  Date Incorporated or Qualified 06/10/1977 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1756697 Applied For 6300 PARK OF COMMERCE PLUD 26 6360 PARK OF COMMERCE BLUD Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be PL BOCA RATON RATON 23 BOCA Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, us 3348 33487 25 Florida Statutes Yes 12 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COHM DIX, MORTY Street Address (P.O. Box Number is Not Acceptable) MONACO K-493 KINGS PT. MONACO - C 83 **DELRAY BEACH FL 33446** 84 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. 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SD DELETE 1.1 TITLE Change Addition LEARNER, JACK NAME 1.2 NAME M-603 KINGS POINT MONACO - M 603 STREET ADDRESS 1.3 STREET ADDRESS DELRAY BCH, FL 00000 FL 38446 CHY-ST-ZIP 1.4 City-St-7iP TITLE PD DELETE Change 2.1 TITLE X Addition BRITE JULES NAME DIX. MORTY 2.2 NAME 709 MONACO-0 K-493 KINGS POINT STHEET ADDRESS 2.3 STREET ADDRESS DELRAY BCH, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP BENCH DELETE 3.1 TITLE **Change** Addition COHN, BEA NAME 3.2 NAME C-123 KINGS POINT STREET ADDRESS 3.3 STREET ADDRESS DELRAY BCH, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE THLE 4.1 TITLE ☐ Change ☐ Addition SACHS, BARNEY NAME 4. 2 NAME MONACO M577, KINGS POINT STREET ADDRESS 4.3 STREET ADDRESS DELRAY BCH FL CITY - ST - 7IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COHN

14. I do 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 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 36 if changed, or on an apachment with an address.

/17/97 Date

Daytime Phone # 10045149

FILED

May 08 1997 8:00am

Secretary of State