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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 739249 (1)

1. Corporation Name
MONACO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD
5180 W ATLATINC AVE 5180 ATLATINC AVE
BOCA RATON FL 33487 BOCA RATON FL 33487-8229
US US

3. Date Incorporated or Qualified 06/10/1977
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 6300 PARK OF COMMERCE BLVD 26 6300 PARK OF COMMERCE BLVD

4. FEI Number 59-1756697
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

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

City & State City & State
23 BOCA RATON FL 28 BOCA RATON FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 33487 25 US 29 33487 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIX, MORTY
MONACO K-493 KINGS PT.
DELRAY BEACH FL 33446

81 Name COHN, BEA
82 Street Address (P.O. Box Number is Not Acceptable) 123 MONACO - C
83
84 City DELRAY BEACH FL 85 Zip Code 33446

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 BEATRICE COHN, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)
Date 4/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME LEARNER, JACK
STREET ADDRESS M-603 KINGS POINT
CITY-ST-ZIP DELRAY BCH, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 603 MONACO - M
1.4 CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE PD DELETE
NAME DIX, MORTY
STREET ADDRESS K-493 KINGS POINT
CITY-ST-ZIP DELRAY BCH, FL 00000

2.1 TITLE Change Addition
2.2 NAME VD
2.3 STREET ADDRESS BRITE, JULES
2.4 CITY-ST-ZIP 709 MONACO - O DELRAY BEACH FL 33446

TITLE VD DELETE
NAME COHN, BEA
STREET ADDRESS C-123 KINGS POINT
CITY-ST-ZIP DELRAY BCH, FL 00000

3.1 TITLE PD Change Addition
3.2 NAME
3.3 STREET ADDRESS 123 MONACO - C
3.4 CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE TD DELETE
NAME SACHS, BARNEY
STREET ADDRESS MONACO M577, KINGS POINT
CITY-ST-ZIP DELRAY BCH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE: BEATRICE COHN
Signature and typed or printed name of signing officer or director
Date 4/17/97
Daytime Phone # 0045142

CR2E037 (9/96)