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FILED

Mar 09 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

Mailing Address  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

3. Date Incorporated or Qualified

06/10/1977

4. FEI Number

59-1756697

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHN, BEA  
123 MONACO-C  
DELRAY BEACH FL 33446

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

TITLE SD  
NAME LEARNER, JACK  
STREET ADDRESS 803 MONACO-M  
CITY-ST-ZIP DELRAY BCH, FL 00000

☐ DELETE

TITLE VD  
NAME BRITE, JULES  
STREET ADDRESS 709 MONACO-O  
CITY-ST-ZIP DELRAY BCH, FL 00000

☒ DELETE

TITLE PD  
NAME COHN, BEA  
STREET ADDRESS 123 MONACO-C  
CITY-ST-ZIP DELRAY BCH, FL 00000

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE VD  
2.2 NAME KAPLAN, BERNARD  
2.3 STREET ADDRESS MONACO K 520  
2.4 CITY-ST-ZIP DELRAY BEACH FL 33446

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

5.1 TITLE VD  
5.2 NAME HOFFMAN, ESTELLE  
5.3 STREET ADDRESS MONACO H 350  
5.4 CITY-ST-ZIP DELRAY BEACH FL 33446

☐ Change

☒ Addition

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

☐ Change

☐ Addition

14. 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 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]*

3-10-98

511-488-9487

CP2E037 (10/97)