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**Mar 05, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 739249**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/10/1977

4. FEI Number

59-1756697

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

COHN, BEA  
 123 MONACO-C  
 DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

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  DELETE

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

TITLE VD  
 NAME KAPLAN, BERNARD  
 STREET ADDRESS MONACO K 520  
 CITY-ST-ZIP DELRAY BCH, FL 00000 33446

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

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

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

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

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

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, with all other like empowered.

SIGNATURE:

*BEA COHN* (Signature)  
 BEA COHN  
 5613-499-9481

CR2E037 (11/98)