

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739249

1. Entity 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 33487-8229
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHN, BEA
123 MONACO-C
DELRAY BEACH FL 33446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEARNER, JACK	
STREET ADDRESS	603 MONACO-M	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAPLAN, BERNARD	
STREET ADDRESS	MONACO K 520	
CITY-ST-ZIP	DELRAY BCH, FL 00000 33446	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHN, BEA	
STREET ADDRESS	123 MONACO-C	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SACHS, BARNEY	
STREET ADDRESS	MONACO M577, KINGS POINT	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOFFMAN, ESTELLE	
STREET ADDRESS	MONACO H 350	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY, IRVING	
STREET ADDRESS	516 MONACO K	
CITY-ST-ZIP	DELRAY BCH, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 like empowered.

SIGNATURE:

Bea Cohn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

Date

561-499-9487

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90024 050 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1756697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)