5/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State
05-28-2002 91647 005 ****61.25

DOCUMENT # 739249

1. Entity Name

MONACO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US	6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1756697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUMPELSON, MORRIS 4 BRITTANY A KINGS POINT DELRAY BEACH FL 33446	Name SWATT, MYRON Street Address (P.O. Box Number is Not Acceptable) C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD. City BOCA RATON FL Zip Code 33487

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 _____ 7/6/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~IRVING, KAY~~ ~~616 NOVACO K~~ DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZACK, IRVING 564 MONACO L DELRAY BEACH, FL 33446	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KAPLAN, BERNARD ~~MONACO K 520~~ ~~DELRAY BCH, FL 00000 33446~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KAPLAN, BERNARD 520 MONACO K DELRAY BEACH, FL 33446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COHN, BEA ~~123 MONACO C~~ DELRAY BCH, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COHN, BEA 123 MONACO C DELRAY BEACH, FL 33446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SACHS, BARNEY ~~MONACO M577, KINGS POINT~~ DELRAY BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SACHS, BARNEY 577 MONACO M DELRAY BEACH, FL 33446	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOFFMAN, ESTELLE ~~MONACO H 350~~ DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOFFMAN, ESTELLE 350 MONACO H DELRAY BEACH, FL 33446	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Beatrice Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #