

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90014 007 \*\*\*\*61.25

<b>DOCUMENT # 739249</b> 1. Entity Name <b>MONACO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>			Mailing Address <b>6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1756697</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWATT, MYRON C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487</b>			Name <b>Hilley + Wyant-Cortez, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>860 U.S. Highway One, Suite 108</b> City <b>North Palm Beach</b> <b>FL</b> Zip Code <b>33408</b>		
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. I am familiar with, and accept the obligations of registered agent. Attorney <b>Hilley + Wyant-Cortez, P.A.</b> <b>J. Clayton Gray</b> <b>03-06-08</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RIVERO, ROSE 61 MONACO B DELRAY BEACH, FL 33446</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D SHERRY ROMM 673 MONACO O DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COHN, BEA 123 MONACO-C DELRAY BEACH, FL 33446</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D DANA VINCENT 619 MONACO M DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MENCHER, STEPHEN 680 MONACO O DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / DIRECTOR</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VD HOFFMAN, ESTELLE 350 MONACO H DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Stephen Mencher</u> <b>STEPHEN MENCHER</b> <b>1/3/08</b> <b>561-95-1849</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					