2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739249

FILED Mar 13, 2009 Secretary of State

Entity Name: MONACO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

FEI Number: 59-1756697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILLEY & WYANT CORTEZ, P.A 860 U.S. HIGHWAY ONE, SUITE 108 NORTH PALM BEACH, FL 33408

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ROMM, SHERRY RIVERO, ROSE Name: Name: 673 MONACO O Address: 66 MONACO B Address:

City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446

Title: TD Title: (X) Change () Addition () Delete

Name: VINCENT, DANA Name: WAINER, ERWIN Address: 619 MONACO M Address: 434 MONACO J

City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446

Title: () Delete Title: () Change () Addition

MENCHER, STEPHEN Name: Name: Address: 680 MONACO O Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip:

Title: 1VD () Delete Title: () Change () Addition

Name: HOFFMAN, ESTELLE Name: Address: 350 MONACO H Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COUTO AΑ 03/13/2009