

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 18, 2009
Secretary of State**

DOCUMENT# N06000009690

Entity Name: MONTE CARLO OF MIAMI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

490 NW 165TH STREET ROAD
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

490 NW 165TH STREET ROAD
MIAMI, FL 33169

New Mailing Address:

FEI Number: 26-2491255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARS, GARY M ESQUIRE
150 WEST FLAGLER STREET
SUITE 2701
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDREWS, FORREST
Address: 490 N.W. 165 STREET ROAD
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: ACOSTA, ANGEL
Address: 490 N.W. 165 STREET ROAD
City-St-Zip: MIAMI, FL 33169

Title: STD () Delete
Name: BORGE, KARLA
Address: 490 N.W. 165 STREET ROAD
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: WELLA, DWAYNE
Address: 490 N.W. 165 STREET ROAD
City-St-Zip: MIAMI, FL 33169

Title: STD () Change (X) Addition
Name: PIRELA, LUIS
Address: 490 N.W. 165 STREET ROAD
City-St-Zip: MIAMI, FL 33169

Title: STD () Change (X) Addition
Name: WILSON, TRUDI-ANN
Address: 490 N.W. 165 STREET ROAD
City-St-Zip: MIAMI, FL 33169

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: FORREST ANDREWS

PD

06/18/2009

Electronic Signature of Signing Officer or Director

Date