2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N22811

1. Entity Name
MONTE CARLO CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10684 GULFSHORE DR NAPLES, FL 34108 US	PO BOX 7622 NAPLES, FL 34101 US

02212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0004038
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCFATTER, GLEB M
GLEB M. MCFATTER, P.A.
3150 SAFE HARBOR DR.
NAPLES, FL 34117

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MANDRYK, JOHN
STREET ADDRESS	7394 ROSEMARY ST
CITY-ST-ZIP	DEARBORN HEIGHTS, MI 48127
TITLE	PD
NAME	PRECOURT, GEORGE A
STREET ADDRESS	29 LAUREL TER
CITY-ST-ZIP	MANCHESTER, CT 06040
TITLE	SD
NAME	HARRISON, PAMELA
STREET ADDRESS	10686 GULFSHORE DR., 105-A
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VD
NAME	MORIARITY, JACK
STREET ADDRESS	10684 GULFSHORE DR, 103-A
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VD
NAME	DEREK, SABBAGE
STREET ADDRESS	65 HARBOUR SQUARE #2602
CITY-ST-ZIP	TORONTO, CANADA, m53214
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000358496
05/04/05-80115-024 61.25

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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: _____ Pres. 4/18/05 2395069538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #