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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739249 (1)

1. Corporation Name

MONACO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6300 PARK OF COMMERCE BLVD 5180 W ATLATINC AVE BOCA RATON FL 33487 US	6300 PARK OF COMMERCE BLVD 5180 ATLATINC AVE BOCA RATON FL 33487-8229 US

3. Date Incorporated or Qualified: 06/10/1977
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 6300 PARK OF COMMERCE BLVD
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON FL
24: Zip: 33487
25: Country: US

2a. Mailing Address
26: 6300 PARK OF COMMERCE BLVD
27: Suite, Apt. #, etc.
28: City & State: BOCA RATON FL
29: Zip: 33487
30: Country: US

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

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIX, MORTY
MONACO K-493 KINGS PT.
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name: COHN, BEA
82 Street Address (P.O. Box Number is Not Acceptable): 123 MONACO-C
83:
84 City: DELRAY BEACH FL 85 Zip Code: 33446

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: BEATRICE COHN, PRESIDENT — Beatrice Cohn — 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LEARNER, JACK		1.2 NAME		
STREET ADDRESS	M-603 KINGS POINT		1.3 STREET ADDRESS	603 MONACO-M	
CITY-ST-ZIP	DELRAY BCH, FL 00000		1.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	DIX, MORTY		2.2 NAME	BRITE, JULES	
STREET ADDRESS	K-493 KINGS POINT		2.3 STREET ADDRESS	709 MONACO-O	
CITY-ST-ZIP	DELRAY BCH, FL 00000		2.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	COHN, BEA		3.2 NAME		
STREET ADDRESS	C-123 KINGS POINT		3.3 STREET ADDRESS	123 MONACO-C	
CITY-ST-ZIP	DELRAY BCH, FL 00000		3.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SACHS, BARNEY		4.2 NAME		
STREET ADDRESS	MONACO M577, KINGS POINT		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beatrice Cohn REQUIRED BEATRICE COHN 4/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045142