FILE NOW: FILING FEE IS $61.25

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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 BOCA RATON FL 33487 US	6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 06/10/1977

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COHN, BEA
123 MONACO-C
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City FL 85 Zip Code

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

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	603 MONACO-M		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BRITE, JULES		2.2 NAME	KAPLAN, BERNARD	
STREET ADDRESS	709 MONACO-O		2.3 STREET ADDRESS	MONACO K 520	
CITY-ST-ZIP	DELRAY BCH, FL 00000		2. 4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COHN, BEA		3.2 NAME		
STREET ADDRESS	123 MONACO-C		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000		3.4. CITY-ST-ZIP		
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	VD	☐ Change ☒ Addition
NAME			5.2 NAME	HOFFMAN, ESTELLE	
STREET ADDRESS			5.3 STREET ADDRESS	MONACO H 350	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	
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 (10/97)

14. 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 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: [signature] 3-18-98 561-488-9482