


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90309 036 ****61.25

DOCUMENT # 709539

1. Entity Name
THE OCEAN MONARCH CONDOMINIUM INC.



Principal Place of Business
 133 N POMPANO BCH
 POMPANO BCH, FL 33062 US

Mailing Address
 133 N POMPANO BCH
 POMPANO BCH, FL 33062 US

04045932



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 189013
 Suite, Apt. #, etc.

02172004 Chg-NP CR2E037 (10/03)

City & State
PLANTATION FL

4. FEI Number
59-1164790

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
MACDONALD, ROSS
133 N. POMPANO BEACH BLVD.
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent
 Name
ROBERT KAYE & ASSOCIATES, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
6261 NW 6TH WAY, STE 103
 City
FORT LAUDERDALE FL Zip Code
33309

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 *Robert Kaye President* DATE 4.27.04

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREANEP, TIMOTHY 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 133 N. POMPANO BEACH BLVD # 109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORELLO, VINCET 133 N POMPANO BEACH BLVD POMPANO BCH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MORELLO, VINCENT 133 N. POMPANO BEACH BLVD # 601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYLER, PAMELA 133 N POMPANA BEACH BLVD POMPANO BCH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DARGAN, JULIA 133 N. POMPANO BEACH BLVD # 502 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINARDI-THOMAS, MARY LOU L 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINARDI, MARY LOU 133 N. POMPANO BEACH BLVD # 111 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NAZZARO, ANTHONY 133 N POMPANO BCH POMPANO BCH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SOUSA, ODETTE 133 N. POMPANO BEACH BLVD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HINSON, ROBERT 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERICKSON, MARK 133 N. POMPANO BEACH BLVD # 811 POMPANO BEACH, FL 33062

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: *Julia Dargan* DATE 04-19-04 DAYTIME PHONE # 954-941-9289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #