

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90227 030 \*\*\*\*61.25

**DOCUMENT # 739249**

1. Entity Name  
**MONACO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US**

Mailing Address  
**6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-1756697**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWATT, MYRON  
C/O PRIME MANAGEMENT  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2005

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	SD	<input checked="" type="checkbox"/> Delete
NAME	ZACK, IRVING	
STREET ADDRESS	564 MONACO L	
CITY - ST - ZIP	DELRAY BEACH, FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAY, IRVING	
STREET ADDRESS	516 MONACO R	
CITY - ST - ZIP	DELRAY BEACH, FL 33446	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHN, BEA	
STREET ADDRESS	123 MONACO-C	
CITY - ST - ZIP	DELRAY BEACH, FL 33446	
TITLE	T	<input type="checkbox"/> Delete
NAME	MENCHER, STEVE	
STREET ADDRESS	680 MONARCOO	
CITY - ST - ZIP	DELRAY BEACH, FL 33446	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	BALACAIER, JACK	
STREET ADDRESS	168 MONACO D	
CITY - ST - ZIP	DELRAY BEACH, FL 33446	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	HOFFMAN, ESTELLE	
STREET ADDRESS	350 MONACO H	
CITY - ST - ZIP	DELRAY BEACH, FL 33446	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	516 Monaco K	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mencher, Stephen	
STREET ADDRESS	680 Monaco O	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #