


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90087 012 ****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
--	--

40054710



04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1756697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWATT, MYRON C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RIVERO, ROSE 61 MONACO B DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHN, BEA 123 MONACO-C DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MENCHER, STEPHEN 680 MONACO O DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VD HOFFMAN, ESTELLE 350 MONACO H DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Stephen Mencher **STEPHEN MENCHER** 4/5/07 561-485-1829