32578

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90014 007 ****61.25

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1. Entity Name
MONACO CONDOMINIUM ASSOCIATION, INC.

400426D4

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

01302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

7. Name and Address of New Registered Agent

Name Hilley + Wyant-Cortez, P.A.
Street Address (P.O. Box Number is Not Acceptable) 860 U.S. Highway One, Suite 108
City North Palm Beach FL Zip Code 33408

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.

Attorney Hilley + Wyant-Cortez, P.A. — SIGNATURE — 03-06-08 — DATE

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

Filing Fee is $61.25
Due by May 1, 2008

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	S RIVERO, ROSE 61 MONACO B DELRAY BEACH, FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D SHERRY ROMM 673 MONACO O DELRAY BEACH, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COHN, BEA 123 MONACO-C DELRAY BEACH, FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D DANA VINCENT 619 MONACO M DELRAY BEACH, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MENCHER, STEPHEN 680 MONACO O DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VD HOFFMAN, ESTELLE 350 MONACO H DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Stephen Mencher STEPHEN MENCHER-PRESIDENT 1/31/08 561-495-1889

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