

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90436 050 ****61.25

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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

4. FEI Number **59-1756697**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete
NAME	ZACK, IRVING	
STREET ADDRESS	564 MONACO L	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAPLAN, BERNARD	
STREET ADDRESS	520 MONACO K	
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	TD	<input checked="" type="checkbox"/> Delete
NAME	SACHS, BARNEY	
STREET ADDRESS	577 MONACO M	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOFFMAN, ESTELLE	
STREET ADDRESS	350 MONACO H	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SDV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve mancher R	
STREET ADDRESS	680 MONACO O	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Kaplan	
STREET ADDRESS	520 MONACO K	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	Sergeant at Arms	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barney Sachs	
STREET ADDRESS	577 MONACO M	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	IVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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:

ESTELLE HOFFMAN

4/9/03

CR2E037 (10/02)