2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738017

Entity Name: MONACO G ASSOCIATION, INC.

Mar 23, 2023

Secretary of State 8752862021CC

FILED

Current Principal Place of Business:

SEACREST SERVICES INC 2101 CENTREPARK WEST DR STE 110 WEST PALM BEACH, FL 33409

Current Mailing Address:

SEACREST SERVICES INC 2101 CENTREPARK WEST DR STE 110 WEST PALM BEACH, FL 33409 US

FEI Number: 59-1742372 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM 1200 PARK CENTRAL BLVD S POMPANO BEACH, FL 33064 US

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.

SIGNATURE: MICHAEL BENDER 03/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

RINTOUL, BRYAN Name MOSES, CHARLES Name

Address SEACREST SERVICES INC Address SEACREST SERVICES INC

> 2101 CENTREPARK WEST DRIVE 110 2101 CENTREPARK WEST DRIVE 110

WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY**

TYBOR, DAVID SUTERA, THOMAS Name Name

SEACREST SERVICES INC SEACREST SERVICES INC Address Address

> 2101 CENTREPARK WEST DRIVE 110 2101 CENTREPARK WEST DRIVE 110 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

BARCOFF, DAVID Name Name GORIVODSKAYA, IZABELLA

SEACREST SERVICES INC SEACREST SERVICES INC Address Address

> 2101 CENTREPARK WEST DRIVE 110 2101 CENTREPARK WEST DRIVE 110

WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 City-State-Zip: City-State-Zip:

Title **DIRECTOR**

City-State-Zip:

Name STRYKER, BETTYANN

SEACREST SERVICES INC. Address

2101 CENTREPARK WEST DRIVE 110

WEST PALM BEACH FL 33409 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/23/2023 SIGNATURE: CHARLES MOSES PRESIDENT