### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 738017** 

Entity Name: MONACO G ASSOCIATION, INC.

**FILED** Jan 20, 2020 **Secretary of State** 8432272290CC

# **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:

SKRLD, INC. 1655 PALM BEACH LAKES BLVD. C-500 W. PALM BEACH, FL 33401 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: LAURA M MANNING-HUDSON

Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title DIRECTOR Title VICE PRESIDENT AND TREASURER

Name TYBOR, DAVID Name ORTIZ, MIGDALIA 321 MONACO G 312 MONACO G Address Address

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title **PRESIDENT** Title **SECRETARY** Name BARCOFF, DAVID MOSES, CHARLES Name Address 306 MONACO G Address 323 MONACO G

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title **DIRECTOR** Title DIRECTOR

SILVERMAN, ROBERT Name Name RINTOUL, BRYAN

Address 295 MONACO G Address 320 MONACO G

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

**PRESIDENT** 

01/20/2020

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.