

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738018

Entity Name: MONACO I ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PRK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1758206**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**03/31/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	PORT, RENA
Address	401 MONACO I
City-State-Zip:	DELRAY BEACH FL 33484

Title	T
Name	DIAMOND, ABE
Address	421 MONACO I
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	MAGID, WARREN
Address	395 MONACO I
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY
Name	LEVY, BEVERLY
Address	396 MONACO I
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	DUNN, SID
Address	417 MONACO I
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	SMITH, BOB
Address	407 MONACO I
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	TOCKER, PAUL
Address	408 MONACO I
City-State-Zip:	DELRAY BEACH FL 33484

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.

SIGNATURE: RENA PORT**PRES.****03/31/2015**

Electronic Signature of Signing Officer/Director Detail

Date