Entity Name: MONTERREY CONDOMINIUM PROPERTY ASSOCIATION, INC.				cretary of State
Current Prir 1611 MICHIGAI MIAMI BCH, FL				
Current Mai	ling Address:			
SUITE 100	YLVANIA AVE #100 CH, FL 33139 US			
FEI Number	: 20-1140114		Certificate of Sta	tus Desired: No
Name and A	ddress of Current Registered Agent:			
TRIDENT MANA 945 PENNSYLV SUITE 100 MIAMI BEACH,	/ANIA AVE #100			
The above named	d entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the	State of Florida.
SIGNATURE	SALLY HERRERA			04/01/2019
SIGNATURE	E: SALLY HERRERA Electronic Signature of Registered Agent			04/01/2019 Date
SIGNATURE	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	DIRECTOR	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	DIRECTOR PERSOON, HENRY	
<b>Officer/Dire</b>	Electronic Signature of Registered Agent ctor Detail : PRESIDENT		PERSOON, HENRY 1611 MICHIGAN AVE	Date
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT LANGONE, VINCE 9190 BISCAYNE BOULEVARD	Name	PERSOON, HENRY	Date
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT LANGONE, VINCE 9190 BISCAYNE BOULEVARD	Name Address	PERSOON, HENRY 1611 MICHIGAN AVE 10	Date
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT LANGONE, VINCE 9190 BISCAYNE BOULEVARD	Name Address	PERSOON, HENRY 1611 MICHIGAN AVE 10	Date
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<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT LANGONE, VINCE 9190 BISCAYNE BOULEVARD	Name Address	PERSOON, HENRY 1611 MICHIGAN AVE 10	Date

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004621

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: VINCE LANGONE

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail

## FILED Apr 01, 2019 Secretary of State