

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009690

**Entity Name:** MONTE CARLO OF MIAMI CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 05, 2015**  
**Secretary of State**  
**CC7569728024**

**Current Principal Place of Business:**

490 NW 165TH STREET ROAD  
MIAMI, FL 33169

**Current Mailing Address:**

490 NW 165TH STREET ROAD  
MIAMI, FL 33169

**FEI Number: 26-2491255**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOMEZ, MICHAEL W ESQ.  
1930 TYLER ST.  
HOLLYWOOD, FL 33020 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 W.GOMEZ**

**03/05/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENTE  
Name            WILLIAMS, DIANE  
Address        490 NW 165TH STREET ROAD  
City-State-Zip: MIAMI FL 33169

Title            VP  
Name            FERREIRA, ANNERIS  
Address        490 NW 165TH STREET ROAD  
City-State-Zip: MIAMI FL 33169

Title            VP  
Name            WACKER, MICHAEL A  
Address        490 NW 165TH STREET ROAD  
City-State-Zip: MIAMI FL 33169

Title            SECRETARY  
Name            MARTINEZ, TATIANA  
Address        490 NW 165TH STREET ROAD  
City-State-Zip: MIAMI FL 33169

Title            TREASURER  
Name            JEAN, CATUL JR.  
Address        490 NW 165TH STREET ROAD  
City-State-Zip: MIAMI FL 33169

*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: DIANE WILLIAMS**

**PRESIDENT**

**03/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date