

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22811

Entity Name: MONTE CARLO CLUB ASSOCIATION, INC.**Current Principal Place of Business:**C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109**Current Mailing Address:**C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number:** 65-0004038**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABILITY MANAGEMENT, INC
ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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:** DENNIS F LIVELY

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	GIORDANO, CARMEN
Address	10684 GULF SHORE DR #B303
City-State-Zip:	NAPLES FL 34108
Title	TREASURER
Name	CUNNINGHAM, ED
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	DIRECTOR
Name	CHENG, EUGENE
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109
Title	PRESIDENT
Name	PIPPEN, SCOTT
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

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: SCOTT PIPPEN

PRESIDENT

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date