

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705820

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: NEW MONMOUTH ASSOCIATION, INC.

## Current Principal Place of Business:

C/O MR. ALLEN LUSK, MANAGER  
36 SOUTH OCEAN BLVD., APT. A-4  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

C/O MR. FRAN MARINCOLA  
36 SOUTH OCEAN BLVD., APT. A-1  
DELRAY BEACH, FL 33483

## Current Mailing Address:

C/O BRIAN TAMONET, C.P.A.  
2200 N. FEDERAL HWY, #228  
BOCA RATON, FL 33431 US

## New Mailing Address:

C/O BRIAN TAMONEY, C.P.A.  
2200 N. FEDERAL HWY, #228  
BOCA RATON, FL 33431 US

FEI Number: 59-1317278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAMONEY, BRIAN C  
2200 N FEDERAL HWY  
#228  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEMLEY, DENNIS  
Address: 36 S. OCEAN BLVD #31  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: MARINCOLA, FRAN  
Address: 36 S. OCEAN BLVD #A-1  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: LUSK, HELEN  
Address: 36 SOUTH OCEAN BOULEVARD #A-4  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: DIEGIDIO, ANTHONY  
Address: 36 SOUTH OCEAN BOULEVARD #P-1  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRAN MARINCOLA

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date