2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705968

FILED Mar 18, 2009 Secretary of State

Entity Name: MONROE GARDEN APTS INC

Current Principal Place of Business:			New Principal Place of Business:
	NROE ST. (OOD, FL 3302	20	
Current I	Mailing Addre	ess:	New Mailing Address:
	NROE ST. (OOD, FL 3302	20	
FEI Numbe	er: 59-1205742	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name an	d Address of	Current Registered Agent	Name and Address of New Registered Agent:
STANISH, DANE T 2000 PLOK ST. HOLLYWOOD, FL 33020 US			STANISH, DANE T 1911 HARRISON STREET HOLLYWOOD, FL 33020 US
	e named entity te of Florida.	submits this statement for t	ne purpose of changing its registered office or registered agent, or both,
SIGNATL	JRE:		03/18/2009
	Electro	onic Signature of Registered	Agent Date
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	ROJAS, JAMII 3121 S OCEA	N DR # 206	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VIVEROS, OS 900 SAIT CHA) Delete CCAR ARLES PL # 504 PINES, FL 33026	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	MARIER, GEO 1915 MONRO	E ST	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	PARDILLO, N 3121 S OCEA	N DR #206	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	FISHERMAN, 1136 NE 16 A		Title: D (X) Change () Addition Name: COURTAD, DON Address: 1915 MONROE STREET City-St-Zip: HOLLYWOOD, FL 33020
	D () Delete	Title: () Change () Addition

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: NILDA PARDILLO STD 03/18/2009