

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90309 036 ****61.25

DOCUMENT # 709539	
1. Entity Name THE OCEAN MONARCH CONDOMINIUM INC.	

Principal Place of Business 133 N POMPANO BCH POMPANO BCH, FL 33062 US	Mailing Address 133 N POMPANO BCH POMPANO BCH, FL 33062 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 189013 Suite, Apt. #, etc.
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City & State PLANTATION FL	City & State PLANTATION FL
Zip 33318	Country

6. Name and Address of Current Registered Agent MACDONALD, ROSS 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL 33062	
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7. Name and Address of New Registered Agent ROBERT KAYE & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6TH WAY, STE 103 City FORT LAUDERDALE FL Zip Code 33309	
8. 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. I am familiar with, and accept the obligations of registered agent. Robert Kaye President SIGNATURE _____ DATE 4.27.04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREANEP, TIMOTHY 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 133 N. POMPANO BEACH BLVD # 109 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORELLO, VINCET 133 N POMPANO BEACH BLVD POMPANO BCH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLO, VINCENT 133 N. POMPANO BEACH BLVD # 601 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYLER, PAMELA 133 N POMPANA BEACH BLVD POMPANO BCH, FL 33062 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARGAN, JULIA 133 N. POMPANO BEACH BLVD # 502 POMPANO BEACH, FL 33062 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINARDI-THOMAS, MARY LOU L 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINARDI, MARY LOU 133 N. POMPANO BEACH BLVD # 111 POMPANO BEACH, FL 33062 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAZZARO, ANTHONY 133 N POMPANO BCH POMPANO BCH, FL 33062 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUSA, ODETTE 133 N. POMPANO BEACH BLVD POMPANO BEACH, FL 33062 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINSON, ROBERT 133 N. POMPANO BEACH BLVD. POMPANO BEACH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST ERICKSON, MARK 133 N. POMPANO BEACH BLVD # 811 POMPANO BEACH, FL 33062 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Julia Dargan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04-19-04 954-941-9289 Date Daytime Phone #