


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 710414 1. Entity Name FATHER M. F. MONAHAN HOME ASSOCIATION, INC.	
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Principal Place of Business 600 KNIGHTS ROAD HOLLYWOOD FL 33021-6145	Mailing Address 600 KNIGHTS ROAD HOLLYWOOD FL 33021-6145
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-1301291
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent MAGIC, ROBERT 925 NE 32 AVE HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MARKEY, OWEN	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>	
STREET ADDRESS	3410 GARFIELD ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	05/13/06-80085-005 61.25	
TITLE	VP OLDZIEJ, GERARD S	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>	
STREET ADDRESS	301 N.W. 97TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE	T CONNORS, ROBERT M	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>	
STREET ADDRESS	4700 PIERCE ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE	S MAGIC, R	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>	
STREET ADDRESS	925 N 32 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE	D ERMINE, J.	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>	
STREET ADDRESS	4112 GARFIELD ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE	P CARDAMON, J.	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>	
STREET ADDRESS	312 N 46 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Joseph Cardamon* **PRESIDENT 26 2006 954-981-5406**