


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 710414 1. Entity Name FATHER M. F. MONAHAN HOME ASSOCIATION, INC.	
--	---

Principal Place of Business 600 KNIGHTS ROAD HOLLYWOOD FL 33021-6145	Mailing Address 600 KNIGHTS ROAD HOLLYWOOD FL 33021-6145
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1301291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D MARKEY, OWEN	<input type="checkbox"/>
NAME	3410 GARFIELD ST	
STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP		
TITLE	VP OLDZIEJ, GERARD S	<input type="checkbox"/>
NAME	301 N.W. 97TH AVE.	
STREET ADDRESS	PLANTATION FL 33324	
CITY-ST-ZIP		
TITLE	T CONNORS, ROBERT M	<input type="checkbox"/>
NAME	4700 PIERCE ST.	
STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP		
TITLE	S MAGIC, R	<input type="checkbox"/>
NAME	925 N 32 AVE	
STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP		
TITLE	D ERMINE, J.	<input type="checkbox"/>
NAME	4112 GARFIELD ST	
STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP		
TITLE	P CARDAMON, J.	<input type="checkbox"/>
NAME	312 N 46 AVE	
STREET ADDRESS	HOLLYWOOD FL 33021	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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* **FEB. 11, 2007** 966-4618