

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90069 039 ****61.25

0041039

DOCUMENT # 738773
 1. Entity Name
THE MONARCH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 9560-9580 W BAY HARBOR DR BAY HARBOR FL 33154 US	Mailing Address 9580 W. BAY HARBOR DR. APT. 9 (YANOFF) BAY HARBOR FL 33154 US
--	--

655512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2066264	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GOLDIN, AMY
 965 N NOB HILL RD
 FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: -FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
--------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOHANNON, MICHAEL	
STREET ADDRESS	9560 W BAY HARBOR DR #103	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUIZ, DEANY	
STREET ADDRESS	9570 W. BAY HARBOR DR #107	
CITY-ST-ZIP	BAY HARBOR ISLD. FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YANOFF, ANA	
STREET ADDRESS	9580 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISLD. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVAREZ, RAQUEL	
STREET ADDRESS	9580 W BAY HARBOR DR	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **BOHANNON** / 28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: **305-796-3221**

CR2E037 (10/00)