

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

Mailing Address

9560-9580 W BAY HARBOR DR
 BAY HARBOR FL 33154
 US

9580 W. BAY HARBOR DR.
 APT. 9 (YANOFF)
 BAY HARBOR FL 33154
 US

455512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2066264

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDIN, AMY
 965 N NOB HILL RD
 FORT LAUDERDALE FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
-FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME PD
 BOHANNON, MICHAEL
 STREET ADDRESS 9560 W BAY HARBOR DR #103
 CITY-ST-ZIP BAY HARBOR FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME VD
 RUIZ, DEANY
 STREET ADDRESS 9570 W. BAY HARBOR DR #107
 CITY-ST-ZIP BAY HARBOR ISLD. FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME TD
 YANOFF, ANA
 STREET ADDRESS 9580 W BAY HARBOR DR
 CITY-ST-ZIP BAY HARBOR ISLD. FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME SD
 ALVAREZ, RAQUEL
 STREET ADDRESS 9580 W BAY HARBOR DR
 CITY-ST-ZIP MIAMI FL 33154

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)