


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 738773</b>	
1. Entity Name <b>THE MONARCH CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>9560-9580 W BAY HARBOR DR BAY HARBOR, FL 33154 US</b>	Mailing Address <b>9580 W. BAY HARBOR DR. APT. 9 (YANOFF) BAY HARBOR, FL 33154 US</b>
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**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2066264</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GOLDIN, AMY 965 N NOB HILL RD FORT LAUDERDALE, FL 33324</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ALVAREZ, RAQUEL 9580 W BAY HARBOR DR BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY ST ZIP	VD RUIZ, DEANY 9570 W. BAY HARBOR DR #107 BAY HARBOR ISLD., FL
TITLE NAME STREET ADDRESS CITY ST ZIP	TD YANOFF, ANA 9580 W BAY HARBOR DR BAY HARBOR ISLD., FL
TITLE NAME STREET ADDRESS CITY ST ZIP	SD VALLADRES, LEO 9570 W BAY HARBOUR DRIVE MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY ST ZIP	D MOLJO, ISIDORO P 9580 W BAY HARBOR DR BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY ST ZIP	

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04/20/04-80034-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Raquel Alvarez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/16/04</u> <small>Date</small>	<u>954-929-8125</u> <small>Telephone #</small>
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