

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90087 012 ****61.25

DOCUMENT # 739249

1. Entity Name
MONACO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**

Mailing Address
**6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**

40054710



04032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1756697

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWATT, MYRON
C/O PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
RIVERO, ROSE
61 MONACO B
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
COHN, BEA
123 MONACO-C
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
MENCHER, STEPHEN
680 MONACO O
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1VD
HOFFMAN, ESTELLE
350 MONACO H
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

By/Fax Phone #

Stephen Mencher **STEPHEN MENCHER** 4/5/07 561-485-1829