

739249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/17/18--01025--022 **35.00

S TALLENT

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JULIA M. GRIFFIN, CLERK

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2018

COURTNEY CADY
FIRSTSERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

SUBJECT: MONACO CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 739249

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00019630

Rec 11/2/18

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Monaco Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: 739249

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Courtney Cady

Name of Contact Person

FirstService Residential

Firm/Company

6300 Park of Commerce Blvd

Address

Boca Raton, FL 33487

City/State and Zip Code

courtney.cady@fsresidential.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Cady

Name of Contact Person

at (561) 989-5021

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Monaco Condominium Association, Inc
2. The principal office address: 6300 Park of Commerce Blvd
Boca Raton, FL 33487
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/10/1977 filed since 5/1/1996 Document number: 739249

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Konyk & Lemme PLLC
777 S Flagler Drive, Suite 800 - West Tower
West Palm Beach, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Sachs Sax Caplan P.L.
6111 Broken Sound Parkway NW, Suite 200
P.O. Box NOT acceptable
Boca Raton, FL 33487

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Robert Louis Price
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

10/30/18
Date

If signing on behalf of an entity:

Louis Caplan
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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