

FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

pg. 1 of 3

97 FEB -3 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT  <b>1979-1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **741850**

1. Corporation Name  
**Mon Petit Condominium Association, Inc.**

Principal Place of Business <b>2300 S. E. 2nd Street Pompano Beach, FL 33062</b>	Mailing Address <b>C/O Lynn Cassano 2300 S. E. 2nd St. #20 Pompano Beach, FL 33062</b>
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>03/01/1978</b>	3a. Date of Last Report <b>05/30/79</b>	4. FEI Number <b>59-2070033</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>Mon Petit Condominium Association, Inc. Ms. Lynn Cassano, President 2300 S. E. 2nd Street Unit 20 Pompano Beach, FL 33062</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Lynn Cassano, President/Director** *Lynn Cassano* **1-31-1997**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lynn Cassano, President/Director</b>	1.2 NAME	
STREET ADDRESS	<b>2300 S. E. 2nd Street Unit 20</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>	1.4 CITY-ST-ZIP	<b>400002077244--4</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>-02/04/97-01110-011</b>
NAME	<b>Elaine Teebagy, Secretary/Director</b>	2.2 NAME	<b>****995.00 ****995.00</b>
STREET ADDRESS	<b>2811 N. E. 41 St.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Peggy Cristich, Treasurer/Director</b>	3.2 NAME	
STREET ADDRESS	<b>3910 N. E. 27th Terrace</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lighthouse Point, FL 33064-8406-3</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lynn Cassano, President/Director** *Lynn Cassano* **1/31/1997** **954-943-3255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

Peggy Cristich

---

3910 N.E. 27th Terrace  
Lighthouse Point, FL 33064-8406-36  
954-946-4438

February 1, 1997

Ms. Karon Beyer  
Chief, Bureau of Commerical Recording  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Ms. Beyer:

The enclosed letter is probably longer than needed for your purposes, however, I discovered that we were dealing with two state offices and 5 to 6 people in those two departments. I need to send copies of efforts to all of those involved so that they have it for their records and close the cases they had opened due to this problem.

I want to thank you very much for all of your help in this matter - you were wonderful!!!

Sincerely,

*Peggy Cristich*

Peggy Cristich

Peggy Cristich

---

3910 N.E. 27th Terrace  
Lighthouse Point, FL 33064-8406-36  
954-946-4438

February 1, 1997

Ms. Karon Beyer  
Chief, Bureau of Commercial Recording  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Ms. Beyer:

You will find enclosed the form sent to Joan Costa for having our Corporation brought up-to-date.

It was only recently discovered that in the years since 1979 we have not received papers regarding keeping our corporation in the active status.

Two state offices that we should be receiving mail from had incorrect addresses for Mon Petit Condominium Association, Inc. The two very important offices who should have been notified were your office, Florida Department of State, Corporate Filings, P. O. Box 6327, Tallahassee, FL 32314 and State of Florida, Department of Business and Professional Regulations, Division of Florida Land Sales Condominiums and Mobile Homes, Bureau of Condominiums, Northwood Centre, 1940 North Monroe Street, Tallahassee, Florida 32399-1033 (Mr. Harold E. Rambo was talked to at that office).

Due to none of our Condominium Associations having notified either department of the address and mailing address when they took over from the previous association we were not sent mailings each year as we should have. We were unaware of our need to keep these two departments of Florida State notified of changes in our officers for the association and the corporation.

Thank you for your help!

Sincerely,

*Peggy Cristich*

Peggy Cristich, Treasurer/Director

*Lynn Cassano*

Lynn Cassano, President/Director