## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741850

(2)

MON PETIT CONDOMINIUM ASSOCIATION, INC.											 				1011 <b>1</b> 001 12 <b>1</b> 1	
Principal Place of Business Mai						lailing Address						ON COUNTY DESCRIPTION	ia main madi	I OTBIL OTBIL OTBIE	HAM BLOIT 1001	
2300 S.E. 2ND STREET POMPANO BEACH FL 33062					C/O LYNN CASSANO 2300 S.E. 2ND ST. #20 POMPANO BEACH FL 33062					3. Date Incorporated or Qualified 03/01/1978 4. FEI Number Applied For						
				1							59-207003	33			lot Applicab	le
2. Principal Place of Business					2a. Mailing Address 26						5. Certificate of Sta	tus Desired			Additional Required	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						<ol> <li>Election Campai</li> <li>Trust Fund Contr</li> </ol>				May Be to Fees	
City & State					City & State					7. Is this nonprofit corporation a homeowners association?					1	
Zip Country					Zip Co						Yes □ No  8. This corporation owes or has paid the current year Intangible					
24	25						30	<del></del> -			Personal Property Tax due June 30. Yes No					- 1
	9. Name and Address of Current					1					10. Name and Address of New Registered Agent					
								81	Name							
CASSANO, LYNN								82 Street Addres			ss (P.O. Box Number	is Not Accep	table)			$\dashv$
2300 S.E. 2ND STREET								63								4
UNIT 20															,	
POMPANO BEACH FL 33062								84	City	City			F	= <b>1</b> 85 Zip	Code	- }
	ions of Se gent, or bo ith, and a	ctions 617.0502 oth, in the State o ocept the obligati	317.1508, Fida. Such c of, Section (	lorida Statut change was a 617.0503, Flo	es, the ab authorized orida Stati	by utes	the col	corpor poratio	ration submits this sta n's board of directors	tement for the . I hereby acc	e purpos cept the	e of changing appointment a	its registere s registered	a		
SIGNATURE .	Signature, typed	or printed ne	rne of registered agent	nd tile	s if applicable.	(NOT	E Registered	I Age	nt signatur	e required	when reinstating)		DAT	TÉ		-  .
12.			OFFICERS AND				13.				ADDITIONS/CHAP	NGES TO OF	FICERS			
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NAME							6.2 NA	ME		}						- }

64 CITY-ST-ZIP

14. 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 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 oddress.

SIGNATURE:

UT 7/// / MATURE AND TYPED OR PR WY OF BLOWN OFFICER OF DIRECTOR

1/12/98

**FILED** 

Apr 02 1998 8:00am

Secretary of State

Daylime Phone # .....

R2E037 (10/97)