NONPROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1333		
DOCU	MENT #	# 74°	1850

1. Corporation Name

MON PETIT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business - -

Mailing Address

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90139 048 ****61.25

2300 S.E. 2ND POMPANO BEA		C/O LYNN CASSANO 2300 S.E. 2ND ST. #20 POMPANO BEACH FL 3306								
├ ─¬	ace of Business	2a. Mailing Address				Date Incorporated or Qualifed 03/01/1978				
Suite, Apt.	# -to	Suite, Apt. #, etc.				4. FEI Number		I An	plied For	
	#, etc.	27				59-2070033		⊢	t Applicable	
City.& State		City & State		_				_\$8.75.A	· · · · · · · · · · · · · · · · · · ·	
		28				5. Certificate of Status Desired	□ —	Fee Re		
Zip	Country	Zip	Count	'n		6. Election Campaign Financing		\$5.00	May Re	
⊢ ¬ '	25	·	30	-,		Trust Fund Contribution		Added to	- ,	
24	9. Name and Address of Curren		30	_		10. Name and Address of New Ro	gistered			
	3. Italije dia Address of Sarrei		8	it[Name					
			Ľ	\perp						
CASSANO	•		8	2	Street Addr	ress (P.O. Box Number is Not Acceptal	ole)			
	2ND STREET		-	13						
UNIT 20	4		ľ	"						
POMPANO	BEACH FL 33062 🏓		8	14	City		<u></u>	85 Zip C	Code	
	·			L			<u> </u>			
office of re agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was au tions of, Section 617.0503, Flor	es, the abouthorized be ida Statute	ove-r by th es.	named corp le corporation	poration submits this statement for the pon's board of directors. I hereby accept	the appoir	changing its itment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ager	of and title if applicable (NOTE:	Registered Ac	sent s	daneture require	ed when reinstating)	DATE		I	
12.		ID DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TTLE					Change	Addition	
NAME	CASSANO, LYNN	_	1.2 NAMI	F					,	
	2300 SE 2ND STREET UNIT 20			_	DORESS					
STREET ADDRESS			ı		l					
CITY-ST-ZIP	POMPANO BEACH FL 33062	☐ DELETE	1.4 CITY 2.1 TITLE		in in			☐ Change	Addition	
TπLE	SD FLAINE	(DCCC12			İ					
NAME	TEEBAGY, ELAINE		2.2 NAM							
STREET ADDRESS	2811 N.E. 41 ST		2.3 STRE		1					
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		2. 4 CITY		ZIP			Chases	☐ Addition	
TITLE	π	☐ DELETE	3.1 TITLE					Change	☐ Audition	
NAME -	CRISTICH, PEGGY	~, ~~ ~~~~~~~	- 3.2 NAM	E						
STREET ADDRESS	3910 N.E. 27TH TERRACE		3.3 STRE	EET A	ODRESS					
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		3.4. CITY	/-ST-	ZIP				—	
TITLE	T	☐ DELETE	4.1 TITLE	E				☐ Change	☐ Addition	
NAME	COSTA, JOAN		4. 2 NAM	Æ						
STREET ADDRESS	2300 SE 2ND ST #25		4.3 STRE	EE! A	OORESS					
CITY-ST-ZIP	POMPANO BEACH FL 33062		4.4 CITY	- ST-2	ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAM	Œ)				'	
STREET ADORESS			5.3 STRE	EET A	DORESS					
, ·			5.4 CITY	·ST-2	ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE					Change	☐ Addition	
			6.2 NAM	Œ				-		
NAME					DORESS					
STREET ADDRESS	}				1					
CITY-ST-7IP			6.4 CITY	-51-4	∠r~ [

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 address, with all other like empowered.

SIGNATURE: