

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-12-2001 90227 023 ****61.25

DOCUMENT # 741850

1. Entity Name

MON PETT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**2300 S.E. 2ND STREET
 POMPAN0 BEACH FL 33062**

Mailing Address

**C/O DORIS J. RYNARD
 P.O. BOX 1327
 JUPITER FL 33468**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2070033

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RYNARD, DORIS J
 6110 DANIA ST.
 JUPITER FL 33458-6679**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **CRISTICH, PEGGY**
 STREET ADDRESS **3910 N.E. 27TH TERRACE**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064-8406**

TITLE **TD** Delete
 NAME **RYNARD, DORIS J**
 STREET ADDRESS **P.O. BOX 1327**
 CITY-ST-ZIP **JUPITER FL 33468-1327**

TITLE **SD** Delete
 NAME **RYNARD, HAROLD B**
 STREET ADDRESS **P.O. BOX 1327**
 CITY-ST-ZIP **JUPITER FL 33468-1327**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Doris J. Rynard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORIS J. RYNARD 2-9-01
 Date

**561-748
 9902**
 Daytime Phone #

CR2E037 (10/00)