

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90344 028 ****61.25

DOCUMENT # 741850

1. Entity Name
MON PETIT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2300 S.E. 2ND STREET
POMPANO BEACH, FL 33062**

Mailing Address
**P.O. BOX 36
ELFERS, FL 34680**

2. Principal Place of Business
2300 S.E. 2nd St

3. Mailing Address
P.O. BOX 36



01092006 Chg-NP CR2E037 (11/05)

City & State
Pompano Beach, FL

City & State
ELFERS, FL

4. FEI Number
59-2070033

Applied For
☐ Not Applicable

Zip
33062

Country
US

Zip
34680

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RYNARD, DORIS J
1030 ARLINBROOK DR.
NEW PORT RICHEY, FL 34655**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DORIS J. RYNARD**

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

Doris J. Rynard Secretary/Treasurer 4-20-06

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

☐ **Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **SHEA, DOUGLAS**
STREET ADDRESS **4331 NE 17TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE **TD** ☐ Delete
NAME **RYNARD, DORIS J**
STREET ADDRESS **1030 ARLINBROOK DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **SD** ☒ Delete
NAME **RYNARD, HAROLD B**
STREET ADDRESS **1030 ARLINBROOK DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

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 **President** ☒ Change ☐ Addition
NAME **Brian Rassi**
STREET ADDRESS **2300 S.E. 2nd St., Unit # 16**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1030 ARLINBROOK DR**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **Director** ☒ Change ☐ Addition
NAME **Lynn Cassano**
STREET ADDRESS **2300 S.G. 2nd St., Unit # 20**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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

DORIS J. RYNARD Sec/TREAS. 4-20-06

Date

Daytime Phone #

727-376-4715