

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

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
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 1030 ARLINBROOK DR. NEW PORT RICHEY, FL 34655

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000585653
01/16/07-80021-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASSI, BRIAN 2300 SE 2ND ST., UNIT 16 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RYNARD, DORIS J 1030 ARLINBROOK DR NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSANO, LYNN 2300 SE 2ND ST., UNIT 20 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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/ *1-10-07* 727-376-4715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #