



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 741850 1. Entity Name MON PETIT CONDOMINIUM ASSOCIATION, INC.						FILED 07 APR -4 PM 4:01 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA			
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 - No P.O. Box #		3. Mailing Address 2300 S.E. 2 ST #21		03292007 Chg-NP CR2E037 (12/06)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State Pompano Beach FL		City & State Pompano Beach FL							
Zip 33062		Country		4. FEI Number 59-2070033		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$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 LYNN CASSANO Street Address (P.O. Box Number is Not Acceptable) 2300 S.E. 2 Street #20 Pompano Beach FL 33062	
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 Lynn Cassano <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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	<input type="checkbox"/> Delete 000096374140 04/10/07--01048--023 **\$1.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RYNARD, DORIS J 1030 ARLINBROOK DR NEWPORT RICHEY, FL 34655			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PT 4/6				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASSANO, LYNN 2300 SE 2ND ST., UNIT 20 POMPANO BEACH, FL 33062			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE JAMES, MARY 2720 S.E. 2 ST. Pompano Beach FL 33062			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

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: **Lynn Cassano** **Treasurer** **3/30/07** **954-801-7591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #