2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741850

FILED Mar 28, 2009 Secretary of State

Entity Name: MON PETIT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2300 S.E. 2ND STREET POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

2300 S.E. 2ND STREET POMPANO BEACH, FL 33062

FEI Number: 59-2070033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASSANO, LYNN JAMES, MARY 2300 S.E. 2ND STREET 2720 SE 2 COURT

POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33062 US

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: MARY JAMES 03/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 RASSI, BRIAN
 Name:

 Address:
 2300 SE 2ND ST., UNIT 16
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

Title: A () Delete Title: ST (X) Change () Addition

 Name:
 LYNN, CASSANO
 Name:
 JAMES, MARY

 Address:
 2300 SE 2ND ST. UNIT 20
 Address:
 2720 SE 2ND COURT

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:
 POMPANO BEACH, FL 33062

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 WARY, JAMES
 Name:
 BOUCHARD, YOLAINE

 Address:
 2720 SE 2ND CT
 Address:
 8120 SW 11 ST

City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: N. LAUDERDALE, FL 33068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JAMES ST 03/28/2009