


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90061 039 ****61.25

DOCUMENT # 748083 1. Entity Name MONTE CHRISTO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1001 W OCEAN DR KEY COLONY BCH, FL 33051-0160 US			Mailing Address P.O. BOX 510160 KEY COLONY BCH, FL 33051-0160 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2068573	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLER, ROBERT K., ESQUIRE 2975 OVERSEAS HIGHWAY MARATHON, FL 33050			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, FILKIN		NAME		
STREET ADDRESS	25 W 447 PLAMONDON RD		STREET ADDRESS		
CITY-ST-ZIP	WHEATON, IL 60187		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DILLON, CLARK		NAME	MICHAEL AMBROSIO	
STREET ADDRESS	300 TWIN OAKS RD.		STREET ADDRESS	899 Heritage Hills	
CITY-ST-ZIP	SIOUX FALLS, SD 57105		CITY-ST-ZIP	Somers, NY 10589	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERS, JOHN		NAME	PD	
STREET ADDRESS	1539 POTSHOP RD R.D. #2		STREET ADDRESS		
CITY-ST-ZIP	NORRISTOWN, PA 19403		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICHA, RENEE		NAME	DO Box 51195	
STREET ADDRESS	722 WILDWOOD DR		STREET ADDRESS	Key Colony Beach, FL 33051	
CITY-ST-ZIP	VARNA, IL 61375		CITY-ST-ZIP	VPD	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUMHOLTZ, GAIL		NAME		
STREET ADDRESS	900 SW 11 CT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Renee Picha</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-13-05 305-7432915 <small>Date Daytime Phone #</small>		