

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748083

FILED
Jan 30, 2007
Secretary of State

Entity Name: MONTE CHRISTO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1001 W OCEAN DR
KEY COLONY BCH, FL 330510160 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510160
KEY COLONY BCH, FL 330510160 US

New Mailing Address:

FEI Number: 59-2068573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WALTER, FILKIN
Address: 25 W 447 PLAMONDON RD
City-St-Zip: WHEATON, IL 60187

Title: TD () Delete
Name: AMBROSINI, MICHAEL
Address: 899 HERITAGE HILLS
City-St-Zip: SOMERS, NY 10589

Title: PD () Delete
Name: CHAMBERS, JOHN
Address: 1539 POTSHOP RD R.D. #2
City-St-Zip: NORRISTOWN, PA 19403

Title: SD () Delete
Name: PICHA, RENEE
Address: PO BOX 511195
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: D () Delete
Name: CARRIGAN, MICHAEL
Address: 1001 WEST OCEAN DRIVE
City-St-Zip: KEY COLONY BEACH, FL 33051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TREZZA, JOHN
Address: 1001 WEST OCEAN DRIVE
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: SD (X) Change () Addition
Name: CARRIGAN, MICHAEL
Address: 1001 WEST OCEAN DRIVE
City-St-Zip: KEY COLONY BEACH, FL 33051

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL AMBROSINI

MR.

01/30/2007

Electronic Signature of Signing Officer or Director

Date