
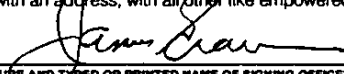


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90134 036 \*\*\*\*61.25

<b>DOCUMENT # 758396</b>					
1. Entity Name <b>MONTE CARLO TOWERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3301 BAYSHORE BLVD. TAMPA, FL 33629</b>		Mailing Address <b>3301 BAYSHORE BLVD. TAMPA, FL 33629</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-2303304</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BECKER &amp; POLIAKOFF, P.A. 2401 W BAY DRIVE SUITE 414 LARGO, FL 33770</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCCORMICK, MARGARET</b>		NAME	<b>HOWARD SINDLEY</b>	
STREET ADDRESS	<b>3301 BAYSHORE BLVD., #2009</b>		STREET ADDRESS	<b>3301 BAYSHORE BLVD # 809</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOBO, SAM</b>		NAME		
STREET ADDRESS	<b>3301 BAYSHORE BLVD 908</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERTZ, MARIE</b>		NAME		
STREET ADDRESS	<b>3301 BAYSHORE BLVD 2310</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>SECRETARY/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, J. K</b>		NAME	<b>JEFF PARADO</b>	
STREET ADDRESS	<b>3301 BAYSHORE BLVD #1906</b>		STREET ADDRESS	<b>3301 BAYSHORE BLVD # 602</b>	
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRIOR, BETTY</b>		NAME		
STREET ADDRESS	<b>3301 BAYSHORE BLVD., #804</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<b>PRESIDENT/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOGULE, JAMES</b>		NAME	<b>JAMES GRAL</b>	
STREET ADDRESS	<b>3301 BAYSHORE BLVD., #502</b>		STREET ADDRESS	<b>3301 BAYSHORE BLVD # 1808</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
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: 				Date: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <b>(813) 831-3932</b>	