


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90068 039 \*\*\*\*61.25

<b>DOCUMENT # 769174</b> 1. Entity Name <b>MONTE CARLO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PROFESSIONALLY YOURS INC</b> <b>1342 SE 46TH LANE #3</b> <b>CAPE CORAL, FL 33904 US</b>				Mailing Address <b>C/O PROFESSIONALLY YOURS INC</b> <b>PO BOX 100831</b> <b>CAPE CORAL, FL 33910 US</b>	
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 <b>59-2675150</b>	
				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>CAMPBELL, PHILIP</b> <b>% PROFESSIONALLY YOURS, INC.</b> <b>1342 SE 46TH LANE., #3</b> <b>CAPE CORAL, FL 33904</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</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	STD	<input checked="" type="checkbox"/> Delete		TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, BEVERLY			NAME	<b>Davis, Charles</b>
STREET ADDRESS	232 E CAPE CORAL PWY 206			STREET ADDRESS	<b>232 E Cape Coral Pkwy, #205</b>
CITY - ST - ZIP	CAPE CORAL, FL 33904			CITY - ST - ZIP	<b>Cape Coral, FL 33904</b>
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARR, JEANNETTE			NAME	
STREET ADDRESS	232 E CAPE CORAL PKWY 103			STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33904			CITY - ST - ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HERBERT			NAME	
STREET ADDRESS	232 E CAPE CORAL PWY 104			STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 33904			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	
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	
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.					
<b>SIGNATURE: Jeannette D. Labarr</b> <b>3/19/04 (239) 542-6106</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

*copy to [unclear]*