


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90216 014 ****61.25

DOCUMENT # 769174 1. Entity Name MONTE CARLO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904 US			Mailing Address C/O PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 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 59-2675150	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPBELL, PHILIP % PROFESSIONALLY YOURS, INC. 1342 SE 46TH LANE., #3 CAPE CORAL, FL 33904				Name GEORGE TEAGUE Street Address (P.O. Box Number is Not Acceptable) PROFESSIONALLY YOURS INC P270 COLLEGE PKWY #103 City FT. MYERS, FL 33919 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)</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	STD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, CHARLES		NAME		
STREET ADDRESS	282 E. CAPE CORAL PKWY #205		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP		
TITLE	PD		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		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, HERBERT		NAME	P.D. SMITH, HERBERT	
STREET ADDRESS	232 E CAPE CORAL PWY 104		STREET ADDRESS	232 E. CAPE CORAL PKWY #104	
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP	CAPE CORAL, FL 33904	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	V.D. RADKE, LINDA	
STREET ADDRESS			STREET ADDRESS	232 E CAPE CORAL PKWY #101	
CITY - ST - ZIP			CITY - ST - ZIP	CAPE CORAL, FL 33904	
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.					
SIGNATURE: _____ Date: 4/18/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					