2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90717 011 ****61.25

DOCUMENT # N02000006100

1. Entity Name
THE MONTEREY OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5499 N FEDERAL HWY UNIT J BOCA RATON, FL 33487	14000 MILITARY TRAIL SUITE 205 DELRAY BEACH, FL 33484

04212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5499 N. FEDERAL HWY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOCA RATON, FL	
Zip: 33487 Country: USA	Zip: Country:

4. FEI Number 68-0522408 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL T. MCRAE, P.A. 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33487	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOMTAB, BEN 5499 N FEDERAL HWY UNIT J BOCA RATON, FL 33487	☐ Delete SPELLING	D YOMTOB, BEN 14000 MILITARY TRAIL SUITE 205 DELRAY BEACH, FL 33484	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLYNEUX, BERNARD 1009 ISLAND DR DELRAY BEACH, FL 33483	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCELRATH, MARGARET 5499 N FEDERAL HWY UNIT J BOCA RATON, FL 33487	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: BEN YOMTOB DIRECTOR 4/26/04 561-381-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #