2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N02000006100

Entity Name: THE MONTEREY OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5449 N. FEDERAL HWY
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

14000 MILITARY TRAIL
SUITE 205
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 68-0522408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL T. MCRAE, P.A.
6274 LINTON BLVD
SUITE 100
DELRAY BEACH, FL 33487 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: D ( ) Delete
Name: YOMTOB, BEN
Address: 1400 MILITARY TRAIL, SUITE 205
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete
Name: MOLYNEUX, BERNARD
Address: 1009 ISLAND DR
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: MCELRATH, MARGARET
Address: 5499 N FEDERAL HWY UNIT J
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: YOMTOB, BEN
Address: 14000 MILITARY TRAIL, SUITE 205
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Change ( ) Addition
Name: LABINER, PAUL
Address: 5499 N FEDERAL HWY UNIT K
City-St-Zip: BOCA RATON, FL 33487

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEN YOMTOB PRES 04/27/2005

Electronic Signature of Signing Officer or Director — Date