


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000006100</b> 1. Entity Name <b>THE MONTEREY OFFICE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5449 N. FEDERAL HWY BOCA RATON, FL 33487 US</b>	Mailing Address <b>14000 MILITARY TRAIL SUITE 205 DELRAY BEACH, FL 33484</b>
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**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>68-0522408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MITCHELL T. MCRAE, P.A. 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33487</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOMTOB, BEN 14000 MILITARY TRAIL, SUITE 205 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABINER, PAUL 5499 N FEDERAL HWY UNIT K BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEL RATH, MARGARET 5499 N FEDERAL HWY UNIT J BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BEN YOMTOB**

**4/8/08**

Date

**561-381-3333**

Daytime Phone #