2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006100

FILED Mar 08, 2009 Secretary of State

Entity Name: THE MONTEREY OFFICE CONDOMINIUM ASSOCIATION, INC.

US

Current Principal Place of Business: New Principal Place of Business:

5449 N. FEDERAL HWY BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

14000 MILITARY TRAIL
SUITE 205
DELRAY BEACH, FL 33484

14000 MILITARY TRAIL
SUITE 112
DELRAY BEACH, FL 33484

DELRAY BEACH, FL 33484

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MITCHELL T. MCRAE, P.A.

6274 LINTON BLVD

SUITE 100

YOMTOB, BEN
14000 MILITARY TRAIL
SUITE 112

DELRAY BEACH, FL 33487 US DELRAY BEACH, FL 33484 US

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: BEN YOMTOB 03/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: YOMTOB, BEN Name: YOMTOB, BEN Address: 14000 MILITARY TRAIL, SUITE 205 Address: 14000 MILITARY TRAIL, SUITE 112 City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete Title: () Change () Addition

 Name:
 LABINER, PAUL
 Name:

 Address:
 5499 N FEDERAL HWY UNIT K
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MCELRATH, MARGARET
 Name:

 Address:
 5499 N FEDERAL HWY UNIT J
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 DIR 03/08/2009