

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90024 026 ****61.25

DOCUMENT # N03024

1. Entity Name

**MONA ROAD OFFICE AND WAREHOUSE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

19900 MONA RD.
TEQUESTA FL 33469

Mailing Address

P.O. BOX 4191
TEQUESTA FL 33469
US

24081075



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

19900 Mona Rd #105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#105

City & State

City & State

TEQUESTA FL

Zip

Country

Zip

Country

33469

USA

4. FEI Number

59-2446424

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

**BLOOM, RAPHAEL
19900 MONA RD.
STE. #102
TEQUESTA FL 33469**

Name

SANDRA DUMOND

Street Address (P.O. Box Number is Not Acceptable)

19791 JASMINE DR

19900 Mona Rd #105

City

TEQUESTA

FL

Zip Code

33469

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

Sandra L. Du Mond

8/20/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 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

TITLE **D** ☒ Delete
NAME **JOHNSON, JOHN**
STREET ADDRESS **3450 HARBOR RD. N.**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☐ Delete
NAME **DUMOND, SANDRA**
STREET ADDRESS **19791 JASMINE DR.**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☐ Delete
NAME **BLOOM, RAPHAEL**
STREET ADDRESS **19900 MONA ROAD**
CITY-ST-ZIP **TEQUESTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04 561-745-2075
Date Daytime Phone #